States · of · Guernsey

BOARD OF HEALTH

100th ANNUAL MOH REPORT

and

FIFTH ANNUAL REPORT of the DIRECTOR OF PUBLIC HEALTH

Special Theme:

"One Hundred Years of Health"

REPORT FOR THE YEAR 1998/99

BOARD OF HEALTH

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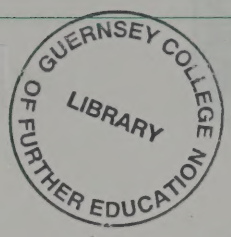
Cover Photos: The changing faces of health in Guernsey

1935: Children at Notre Dame du Rosaire School enjoying free school meals provided under the auspices of La Société Francaise de Bienfaisance
(Photograph courtesy of Carel Toms collection)

1999: Children at Hautes Capelles Junior School gain practical 'sun awareness' during the school sports day 1999 - what a difference 65 years makes.
(Photograph courtesy of Hautes Capelles Junior School)



STATES OF GUERNSEY

BOARD OF HEALTH

Objectives

To maintain and improve the health of the people of Guernsey & Alderney as cost effectively as possible, within the resource constraints placed upon it by:

- Identifying health needs - now and in the future.
- Planning the future provision of health services to meet these needs.
- Commissioning the provision of these services.
- Ensuring that the quality of health services provided is high and standards are maintained through careful monitoring.
- Ensuring that only appropriate and effective care or treatment is given, by monitoring the outcome of such interventions.
- Listening to the customers in order to understand their needs and working with others so as to best meet these needs.
- Informing people on health matters, promoting a healthy lifestyle and environment.
- Acting as a 'caring neighbour' and considering the environment for future generations.
- Checking that all health services provided are as cost efficient as possible.
- Promoting managerial and professional excellence within health services.
- Recruiting, training and developing sufficient health care staff to achieve these objectives and valuing the staff and helping them to meet their needs and objectives.

INTRODUCTORY LETTER TO THE BOARD OF HEALTH

October 1999

The President

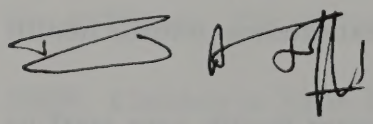
States of Guernsey Board of Health

Sir,

I have pleasure in submitting the 100th Annual Report of the Medical Officer of Health for Guernsey for 1998/1999.

I am, Sir

Your Obedient Servant



Dr David Jeffs

MEDICAL OFFICER OF HEALTH

Director of Public Health

CONTENTS

HIGHLIGHTS FROM THIS REPORT

An extended version of these 'highlights' will be found on the Board of Health 'Home Page'; http.//gatekeeper.guernsey.org.uk

- This is the 100th Annual Report of the Medical Officer of Health for Guernsey, and the fifth Annual Report of the Director of Public Health.

- As such, it takes a longer perspective than is usual in Annual Reports, and reviews 'public health past', as well as 'public health present' and possible 'public health future' . [p 1 -2]

- The Board of Health was constituted by Resolution of the States on Friday 29th December 1899, and met for the first time on Saturday 6th January 1900.

- Chapter Two briefly reviews some of the highlights and low points in the development of public health in Guernsey in the century since then. [p3-9]

- Chapter Three summarises several public health successes of the past one hundred years. These include:

    - Life expectancy has almost doubled from less than 40 years in 1901 to close on 80 years at present. [p10-11]
    - In particular, communicable diseases such as diphtheria which caused over 650 cases and 18 deaths in 1938/39 have now been banished from the island.
    - Other common causes of disease and death, such as tuberculosis, measles and scarlet fever have shown an equally dramatic fall. [p12-13]
    - Perhaps the most impressive success has been the drop in infant death rates from 167 per 1,000 births in 1898 to 4.5 per 1,000 births in 1997 a fall of over 97% in just 100 years. [p14-15]
    - At the same time, the gap between the annual birth and death rates (the so called 'natural increase') has narrowed from over 10 per thousand in 1900 to a mere 0.3 per thousand population in 1996. Growth in population in Guernsey is therefore now largely driven by the excess of immigration over emigration.

- Changing patterns in the cause of death show a steady increase in deaths from cardiovascular disease and cancers over the century. These now account for around two thirds of all deaths. Many of them are believed to be lifestyle related, and therefore potentially preventable. [p14-16]

- To continue to improve public health in Guernsey requires more and better local health information, and more 'benchmarking' against external standards.

- A comprehensive programme of local health research including the Millennium 'Life Expectancy' Project, the *'Health Screening in the Elderly'* Study, the Channel Island Birth Cohort Study, the Community Osteoporosis Prevalence Project, the Third Guernsey *'Healthy Lifestyle'* Survey, and the establishment of the Prescribing Support Unit giving more refined data on local prescribing patterns, together provide a firm base-line to quantify Guernsey's health at the Millennium. [17-19].

- Extrapolating from present trends, some of the factors which may impact on health trends in Guernsey during the next 20 years are identified. These include the need for more 'whole of government' action particularly to address housing, health equity and transport issues, identification and prioritisation of appropriate and affordable health technology, a focus on the quality of healthcare, and the relevant application of developments in clinical genetics. [p20-22].

- Important developments in environmental health including expanded Food Hygiene training, progress in environmental monitoring (including waste disposal and air quality monitoring) have occurred during 1998. [p25-33]

- In its 10th anniversary year, the Health Promotion Unit has successfully tackled issues ranging from community child accident prevention to school based health education. In a small community, close working relationships with the local media have ensured that health stories are rarely far from the new headlines. [p34]

- With the exception of food poisoning, notifications of communicable diseases continue to decline, and these are now at an all time low. [p38]

- The Guernsey Family Planning Clinic continues to successfully target those most at risk - the young and sexually active. Around one half of its clients during 1998 were under 20 years of age. [p40-41]

- In the first full year of lawful terminations of pregnancy being available in Guernsey under the *'Guernsey (Abortion) Law'* 1997, there has been no real increase in the number of lawful abortions performed locally, with the abortion rate being approximately two thirds that of England. [p42-44]

- New treatment regimes available for HIV/AIDS patients, and a continuing rise in *'Chlamydia'* infection has forced the Sexual Health Clinic to seek dedicated and larger premises. It will be important to ensure adequate resourcing if the clinic is to continue to provide a similar high class service in the future. [p45-46]

- The Occupational Health Unit celebrated its fourth year during 1998. It continues to meet success in reaching original objectives, with further plans now being developed for the future. [p47-52]

- Improving public health is essentially about teamwork. In this 100th Annual MoH Report are included for the first time, the human faces behind the public health team, including a little individual biography on each. [p65-70]

Chapter 1

Public Health in Guernsey - Past, Present and Future

• Public Health Past

The Board of Health was constituted by Resolution of the States at its meeting on Friday 29th December 1899.

The nine members of the new Board met for the first time on Saturday 6th January 1900 under the Presidency of General H le Cocq. Guernsey's first Medical Officer of Health, Dr John Brownlee, MD, DPH, who had taken up his appointment several months previously, was in attendance.

What brought these nine prominent local citizens together and progress and improvements in various aspects of health in Guernsey during the 100 years since then are briefly summarised in Chapter Two of this 100th Annual Report.

But this Report will not dwell too heavily on the past. The Board of Health intends to bring out a further publication, entitled *'One Hundred Years of Health'* before December. This will recount in greater detail, and we hope more readable style, the fascinating story of how health has evolved over the past 100 years, and some of the personalities who have contributed to this. It is hoped that this will interest not only health professionals currently working on the island, and those who may recall some of the events and personalities described, but will also be of interest to islanders more generally.

• Public Health Present

There are several accepted definitions of 'public health', but a recent one which well describes present approaches in Guernsey is *'Public Health is that process which gathers, interprets, and translates knowledge of health factors amongst the population into effective action'.*

Chapter Three of this Report entitled *'Changing Health Statistics'* takes a longer perspective of several of these health factors, to illustrate graphically how the pattern of health and sickness in Guernsey has changed over the past 100 years. Where appropriate, comparisons are made with health in England at the same period.

The Department of Health in London has recently published a White Paper *'Saving Lives - Our Healthier Nation'* which updates the strategic approach to health first adopted in 1992 in *'The Health of the Nation'*, and which sets new health targets in four 'health priority' areas for the first decade of the new millennium.

In 1995, the Board of Health published *'Health for Guernsey People'*, which gave a comprehensive overview of health in Guernsey, and compared this with health in other jurisdictions, including England, Jersey, other English speaking and European countries. Using this data as a basis, twelve priority areas were selected where it was felt that targeted interventions could bring measurable and cost effective improvements to health in the islands.

- **Public Health Future**

Having touched on the past, and briefly considered the present health status of the island, what of the future? Chapter Four entitled *'Health at the Millennium'* begins by reviewing some of the latest evidence on our current health status drawn from recent local health research.

It is intended to undertake a five yearly review of health status in Guernsey early in the year 2000, to see how health has changed in the twelve selected priority areas over the past five years, and to compare this with the health targets originally set in *'Health of the Nation' and* the future targets contained in the more recent *'Saving Lives - Our Healthier Nation'*.

It is again hoped to use this as a basis for discussions with local medical practitioners, other health professionals and other States Committees to help select new priority areas and to set new targets for further improving health in Guernsey. It is intended to publish this five year review of health under the title *'Our Healthier Islands'* in the Spring of the year 2000.

Finally, some of the possible influences and trends in public health during the first decades of the next century are summarised at the end of Chapter Four. In subsequent chapters, individual departments also take a longer term perspective, looking both at their origins, and reflecting on possible changes in the future.

Acknowledgement and Appreciation

Improving the public health is essentially about teamwork. In Chapter Ten of this 100th Annual MoH Report we have for the first time decided to show the human faces behind our public health team, including a little individual biography.

This Report is also an opportunity to recognise the valuable contributions of Chief Environmental Health Officer, Mr Mike Bairds, who retires in December 1999. His career of 33 years with the Board of Health in Guernsey spans almost one third of the impressive changes summarised in this Report. His contribution over this time is much appreciated, and he is sure to be much missed.

Finally, I must also acknowledge the hard work of my PA Mrs Yvonne Kaill for her invaluable assistance in producing this Report, and to Public Health Data Officer, Mrs Jenny Elliott for the production of the supporting graphs.

Dr David Jeffs
Director of Public Health

October 1999

Chapter 2

Brief Notes on Public Health in Guernsey

(With some commentary from the time)

1853 - Powers regulating sanitation and refuse disposal given to Parish Authorities in St Peter Port. Similar powers are extended to Douzaines and Constables in the Country Parishes in 1865. *'This very comprehensive law .... might I think have been in advance of any legislation of the kind elsewhere.....'*

1887-1898 - Outbreak of diphtheria. Following over 50 deaths, diphtheria is made a notifiable disease in Guernsey in 1895. The epidemic continues with a further 33 deaths.

1899 - Royal Court appoints special committee - *'for the purpose of considering the means necessary to combat the disease'* (diphtheria).

1899 (March) - Committee recommends the appointment of a Medical Officer of Health for three years, the fitting out of a laboratory for £100, and the appointment of a Board of Health.

1899 (October) - Guernsey's first MoH, Dr John Brownlee MD, DPH arrives to take up his appointment. A series of public lectures on sanitation and health are given at the Guille Allez Meeting Rooms.

1899 (29th December) - Proposal for a Board of Health bitterly opposed by Douzaine Representatives in the States *'The Douzaines were the only (proper) Sanitation Committees of the Parishes ..... they could not accept the position they should be subservient to a States Committee'.* States vote in favour of States Board of Health.

1900 (6th January) - The nine members of the new States Board of Health meet for the first time. MoH Dr John Brownlee in attendance.

1900 - Diphtheria control measures implemented with disinfection of dwellings, and isolation of diphtheria cases in the Country (now Castel) Hospital, at States expense whenever necessary.

1901 - Dr John Brownlee departs to take up position as Physician Superintendent at Glasgow Fever Hospital. Dr E Stanley Hoare appointed second MoH.

1903 - States Sanatorium (now King Edward VII Hospital) opens.

1904 - Diphtheria control measures prove effective. Guernsey's third MoH Dr Henry Draper Bishop comments *'I am of the opinion that but for the efficient measures that are now in operation for checking the disease, serious epidemic extensions would have occurred'.*

1904 - Call for School Health Service *'It seems inconsistent to put it mildly that the Board of Health should only take cognisance of the notifiable infectious diseases, whilst contagious and infectious diseases such as measles, whooping cough, chickenpox, ringworm, conjunctivitis, itch, etc are outside the sphere of its work, and no special measures are taken to prevent their spread beyond the unskilled, but willing efforts of the teachers'.*

1909 - *'Registration of Cause of Death'* Law finally implemented after over six years delay.

1911 - Outbreak of 'epidemic enteritis' ('summer diarrhoea') causes 64 deaths, 61 in infants less than one year of age. It is remarked *'in addition to the unsanitary conditions and maternal ignorance which tend to heighten mortality rates, the decline of breastfeeding is a powerful factor'.*

1912 - Requete calling for increased powers for Board of Health to undertake island wide mandate. *'The Petitioners state that it is their conviction that the existing system whereby the Douzaine of each Parish is its Sanitary Authority, and the Board of Health an Advisory Committee only, had in practice proved a failure: the island was in their opinion too small for ten executive bodies and one consultative body to exercise their functions with advantage to the community'.*

1913 - On account of pressure of other business, the Requete is not considered by the States until early 1913. A Committee of Enquiry is then appointed.

1914 (April) - The Committee of Enquiry concludes *'The powers given to the States Board of Health were amply sufficient to safeguard the health of the island'*. The call for increased powers to the Board of Health is rejected. It is noted *'The majority of people in Guernsey are either apathetic, or hostile to such authority'.*

1914 - Tobacco Control - An Ordinance prohibiting *'the sale or gift of tobacco to Minors'* is passed. It is later remarked *'In the opinion of those best qualified to judge, it appears to have worked extremely well, which is more than perhaps was generally expected when it was first passed'.*

1914 (August) - World War One commences. British Garrison leaves the island, although Fort George is used for training purposes by troops enroute for France.

1914 (October) Plant to manufacture the disinfectant *'Thalassol'* (magnesium hypochloride) from seawater is erected at the Careening Hard to overcome a predicted shortage of disinfectants due to increased war requirements.

1916 - *'Early Notification of Births'* Act comes into effect. An effort is made by the Board of Health to start a 'Mothers Clinic'. *'An afternoon a week to be set aside for the purpose by the Medical Officer of Health. In spite of this being advertised, no one attended. This was a disappointing result'.*

There is a call for appointment of Health Visitor to address the continuing high infant mortality rate.

The Ordinance relating to *Secret Diseases* is *'vigorously opposed by a number of well meaning enthusiasts'*.

1918 (November) - World War One Armistice.

1918 - Outbreak of influenza causes 115 deaths in Guernsey. *'Emergency measures include the closure of all schools and places of entertainment, and the prohibition of all unofficial gatherings. The use of 'Thalassol' as a gargle and nasal douche was advocated, and supplies of it were distributed freely through town and country'*.

1919 - Further outbreak of influenza causes a further 40 deaths. *'26 of the 40 deaths being those of persons between the ages of 25 and 65'*. The 155 influenza related civilian deaths in just two winters compares with 327 officers and men of the Guernsey Light Infantry who lost their lives in France during the Great War.

1921 - In view of the high casualties suffered by Guernsey during World War One, concern is expressed that the birth rate in Guernsey was the *'lowest in the entire country'*.

1922 - Lady Ozanne Maternity Home opens.

1927 - Call for improved housing *'Up to the present time not a single house erected by the States contains a bathroom .. if only the inhabitants of Guernsey were as well provided for in the matter of baths as they were with churches and chapels there would be no cause for complaint'*.

1931 - First School Nurse appointed.

1932 - States finally agree to increased powers for the Board of Health. However, the proposed *'Loi Relative à la Santé Publique'* only parallels the 1875 Public Health Act in England and is not enacted until 1934. It is 1936 before the supporting Ordinance is passed. *'The difficulties of dual control and having eleven different Sanitary Authorities in such a small island were apparent to the Board, but it was felt that this was only possible solution of the present impasse'*.

1933 - Nine maternal deaths recorded. Dr Henry Draper Bishop comments *'This is the most distressing figure that I have ever had to give in my 33 years experience here. There is no obligation on the part of the doctor or midwife in attendance to report such deaths to the Medical Officer of Health and in most instances I had no knowledge of them until some time had elapsed'*.

1934 - A Midwives Act is proposed and comes into effect on 1st October 1936. It is commented *'This should have a considerable effect in raising the level of midwifery amongst the poorer mothers on the island, as it enables midwives to call on medical assistance when advisable, even though the mother is unable to pay the fee'*.

Dr Henry Draper Bishop retires aged 70 having served 33 years as Medical Officer of Health. He dies the following year. Dr Rowan Revell appointed as next MoH.

1935 - Site secured for the new Mental Hospital (now Princess Elizabeth Hospital). *'For more than 30 years this matter has been under consideration and its settlement has caused the feeling of universal satisfaction, in view of the thoroughly bad conditions that exist in the present institutions'.*

1937 - States Venereal Diseases clinic opens.

1938 - Recurrence of diphtheria with 489 cases and 14 deaths. In April the States agree to the *'compulsory inoculation of all children between the ages of 2 and 10 years, and the subsequent inoculation of all children after reaching the age of 2'.* In all over 3,000 inoculations are given.

Second Sanitary Inspector appointed.

1939 - Diphtheria epidemic moderates with less than 200 cases and 4 deaths. Dr Rowan Revell comments *'When diphtheria is not prevalent, it is very difficult to persuade parents to have their children inoculated, but to prevent future epidemics of this disease it is essential to maintain a high percentage of inoculated children, and in my opinion this can only be effected by some sort of compulsion, such as is now in force in this island'.*

1939 (September) World War Two declared.

1940 (June) - Evacuation of many women and most children from Guernsey. The German Occupation commences soon afterwards.

1942 - Dr Rowan Revell writes *'I think that if we reflect, we should be thankful that nearly half the population was evacuated before the German Occupation. If this had not taken place, what would have been the position as regards to housing, overcrowding, nutrition, accommodation, infestation with vermin and infectious diseases?'.*

1943 - Food shortages worsen. Dr Revell comments *'The mental effects due to our isolation from the Mother Country and our people there, and to the general anxieties of our present situation, together with the physical effects of inadequate nutrition, and cold have without doubt caused great mental depression and lower vitality in general'.*

1945 (May) - Liberation The long clean up begins. Dr Revell states *'The sanitation of the island during the occupation was disgraceful; the Germans seemed to have no idea of sanitation or cleanliness. Very few, even of the officers seemed to have known the proper use of water closets and wherever the Germans have been, dirt and filth in large quantities have been left'.*

A Special Report into the health of those children who remained in Guernsey during the Occupation concludes: *'On the whole the children seem to have maintained their health and growth better than might have been expected, and without doubt the special milk ration contributed largely to this. Visiting doctors have commented on the physical condition of the children to be much better than they expected and also on the bright alert expression on their faces'.*

1949 - Two Health Visitors appointed. *'The appointment of two Health Visitors marked an important development in the island health services, which I hope will be extended in the near future so that a complete service of home visiting may be provided for all births and for the tuberculosis'.*

1955 - Six cases of poliomyelitis with paralysis.

1956 - Polio immunisation commences.

Dr Rowan Revell retires having been MoH for 21 years. Dr F R N Lynch appointed as Guernsey's fifth MoH.

1960 - Dr A T G Thomas takes over as Guernsey's sixth MoH.

Concern is expressed over rising levels of lung cancer from 8 per year in 1951 to 25 per year in 1958. *'It has been generally agreed that a special effort should be directed at encouraging young people not to start smoking, but this is a great deal easier said than done'.*

1969 - Dr Geoffrey White MBE takes over as Guernsey's seventh MoH.

1970 - A bid for fluoridation of water is rejected in the States by a single vote. Dr White writes *'The time will come when Guernsey people will ask, not 'why should fluoridation be forced upon us?, but rather why have we not the advantage of fluoridation? 'It is not upon my conscience that the opportunity was missed in 1970'.*

1971 - 'Practice Alignment' in Health Visiting proposed *'To provide the skills and experience of Health Visitors to each Group Practice, so that they can work in concert with the Partners of that Practice towards the greater benefit of patients'.*

1972 - Rotary Club of Guernsey organises first *'Drug Dumping Week'.*

1975 - Board of Health accepts responsibility for Domiciliary Nursing Staff.

1977 - A Joint Committee is established between Guernsey, Jersey and Alderney *'with the declared aim of reducing cigarette consumption throughout the Channel Islands - in response to the high mortality from the cigarette related diseases which is the experience of the island populations'.* Cigarette pack warnings are proposed.

1981 - Imperial Cancer Research Fund recruits 13,500 local women for a long term research project into the origins of breast cancer.

1982 - Dr Martin Reynolds, Regional Medical Officer for the South West Regional Health Authority carries out a review of the functions and future of the Medical Officer of Health in Guernsey. The Board of Health and States accept his recommendation that a successor to Dr White should be appointed, and that he should retain the title Medical Officer of Health. *'This was an important decision because it avoided the entanglement of prevention with health service management, which has caused difficulties in England. It also showed that Guernsey appreciated the need for preventative medicine'.*

1983 - Eighteen years after nuclear fuel reprocessing commences at Cap de la Hague, Dr Geoffrey White comments *'It is a pleasure to be able to recall that even the most stringent radiological monitoring has been unable to demonstrate any significant change in the Channel Island environment since'.*

Dr Geoffrey White retires and Dr Peter Lawrence takes over as Guernsey's eighth MoH.

1984 - Health Education Advisory Group formed. Call for a 'Health Promotion Unit' to be established.

1986 - The Guernsey Evening Press reflects the public disbelief *'Whoever is appointed as Health Promotion Officer has at best a thankless task and at worst a fruitless one. The odds of success are about the same as one King Canute turning back the tide'.*

Three HIV positive patients notified in Guernsey. AIDS Working Party set up.

1987 - *'Health and Safety at Work'* Ordinance passed by the States.

1988 - Establishment of Health Promotion Unit. First *'Your Health'* lifestyle survey takes place. Board of Health takes over School Health Services.

MMR vaccination programme introduced. *'Some Guernsey doctors in the past were not fully convinced with the value of vaccination'.*

1989 - Recommendation for the appointment of a Director of Public Health. *'It should be the Director of Public Health's responsibility to advise the Board how this budget might be used most effectively, from an understanding of epidemiology and the economics of the provision of healthcare .... in health, just as for other services, what is cheapest is not necessarily the most effective, either this year or in the long run'.*

1990 - Dr Peter Lawrence decides to take early retirement. On leaving he writes *'One of the island's strongest medical assets lies in the quality of its 63 private medical practitioners. Means must be found to work with them in a more positive collaborative way in order to maintain and improve the existing high standard of healthcare in Guernsey'.*

1991 - Medical Specialist Group formed. For the first time there is a clear separation of primary from secondary care in Guernsey.

'1991 has seen further unsuccessful efforts to recruit a Medical Officer of Health and the Board is exploring the possibility of contracting with a mainland Health Authority to provide advice on public health for Guernsey'.

1992 - Dr Paul Harker from the Dorset Health Commission is appointed on a one year contract as Public Health Advisor to the States of Guernsey Board of Health.

Screening for breast cancer in women aged 50 and above commences under contract with BUPA in a mobile caravan on the PEH site.

1993 - The *'Heartbeat Award'* as a joint initiative between the Environmental Health Department, Health Promotion Unit and the Hospital Dietician is launched. This scheme gives recognition to catering establishments which offer a high standard of hygiene, healthy menu choices and smoke free dining areas. Eight applications are received and three awards made.

Second Guernsey *'Health Lifestyle'* survey commences.

1994 - Dr David Jeffs appointed as Guernsey's ninth MoH and first Director of Public Health.

1995 - The Board of Health and Guernsey Social Security Authority successfully introduce the States Health Insurance Scheme, meaning that for the first time all Guernsey residents have assured access to specialist medical care on island.

Evidence that each year between 110 and 130 Guernsey women choose to seek a termination of pregnancy in the UK because this is not legally available in Guernsey prompts calls for Abortion Law reform.

Much needed food legislation *'The Food and Drugs (Food Hygiene) Amendment Order', 'The Food and Drugs (Labelling of Food) Order'* and *'The Food and Drugs (Registration of Food Premises) Order'* are all approved by the States to come into effect in early 1996.

1996 (June) - After prolonged community consultation and debate, the States pass the *Abortion (Guernsey) Law,* which becomes effective in March 1997.

The Government White Paper *'The Health of the Nation'* (1992) claims that *'smoking remains the largest single cause of preventable mortality in England'*. Evidence published in *'Health for Guernsey People'* suggests that 110-130 Guernsey deaths each year are smoking related.

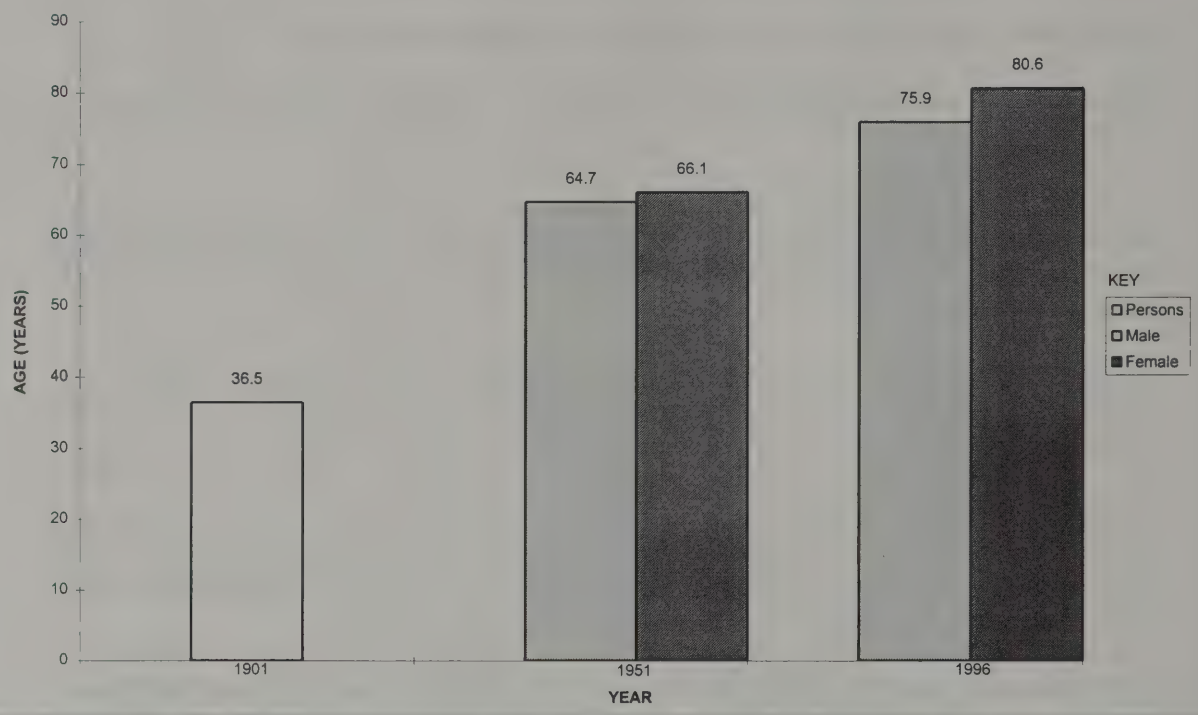
1996 (July) - States agree to Board of Healths 'Tobacco Package' which bans local tobacco advertising, raises prices over a six year period, raises the legal age of purchase from 16 to 18, and provides additional education and assistance to addicted smokers who want to quit, in a bid to reduce smoking levels especially amongst the young, and subsequent smoking related illness and death.

Breastscreening services move 'in-house' to a special unit at the Princess Elizabeth Hospital.

1997 - Amendments to Public Health Law and agreement to *'Control of Environmental Pollution'* legislation approved by the States. The latter has still to be enacted.

Guernsey Drug Strategy proposed. President's Policy and Chief Officers Drug Strategy Groups established.

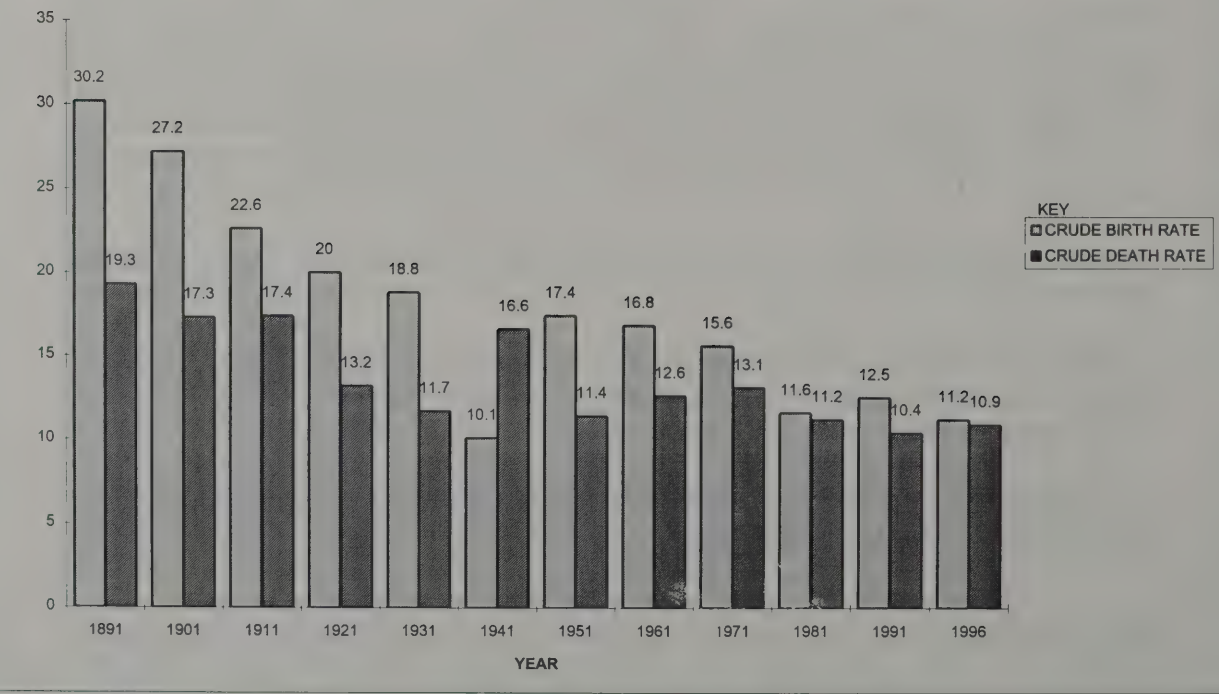
Figure 3.1 - Mean Age of Death / Life Expectancy Guernsey 1901-1996



Source: Annual MOH Reports 1899-1997
'Millennium Life Expectancy Project'

Figure 3.2 - Crude Birth and Death Rates Guernsey 1891-1996

(per 1,000 population)



Source: Annual MOH Reports 1899-1997

Chapter 3

Changing Health Statistics

Epidemiology or the collection and analysis of health statistics forms the foundation of modern public health. Traditional health indices collected over the years such as birth and disease notifications and death certification well illustrate the changes and huge improvements in differing aspects of health in Guernsey over the past 100 years.

- **Increasing life expectancy (Figure 3.1)**

The poor quality of early health data makes it difficult to calculate life expectancy in Guernsey with any accuracy. Nonetheless, from the limited data available, 'mean age of death' (which may be regarded as 'retrospective' 'life expectancy') has been calculated for 1901 and 1951. With the improved health data now available, 'life expectancy' (as opposed to 'mean age of death') has been calculated, as part of the Millennium 'Life Expectancy' Project, using the population as at the 1996 Census.

Figure **3.1** shows that there has been an increase in the mean age of death from 36.5 years (male and female combined) at the century's start, to around 65 years at mid century, and a calculated life expectancy at birth of 75.9 years for men and 80.6 years for women in 1996. It is sobering to reflect that in 1901, only 27.2% of all deaths occurred in people who had reached 65 years and above. A slightly greater number of deaths (27.8%) were to infants under one year of age.

By 1951 when the 'official age of retirement' had recently been set at 65 years for men in Britain, only 68% of males in Guernsey survived to this age. In contrast by 1996, 80% of all male deaths, and 87% of all female deaths in Guernsey occurred in people age 65 years and over. It is likely that the trend to more people living longer will continue.

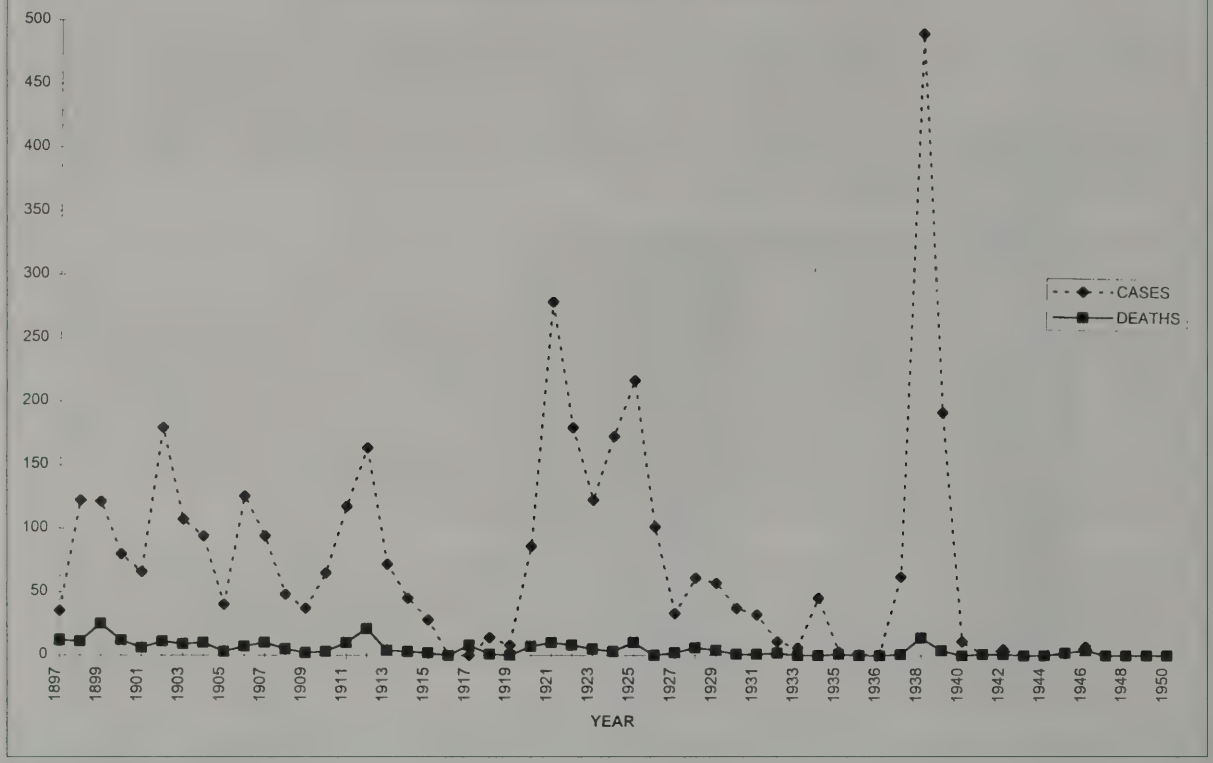
- **Increased Life Expectancy and 'Demographic Shift' (Figure 3.2)**

The steady increase in life expectancy illustrated in figure **3.1**, has been accompanied by a change in population structure known as 'demographic shift'. This may be described as a change from a traditional pattern of high mortality [concentrated mainly in infancy and childhood], but accompanied by high fertility, to one of low mortality [at all ages], but accompanied by low fertility, which is now characteristic of most 'westernised societies'.

Figure **3.2**, shows that there has been a fall in the annual 'crude birth rate' [births per 1,000 population] from 30.2 per 1,000 in 1891 to 10.9 per 1,000 in 1996 - a 64% fall. In contrast, annual crude death rate [deaths per 1,000 population] has fallen from 19.3 in 1891 to 10.9 in 1996 - only a 44% fall.

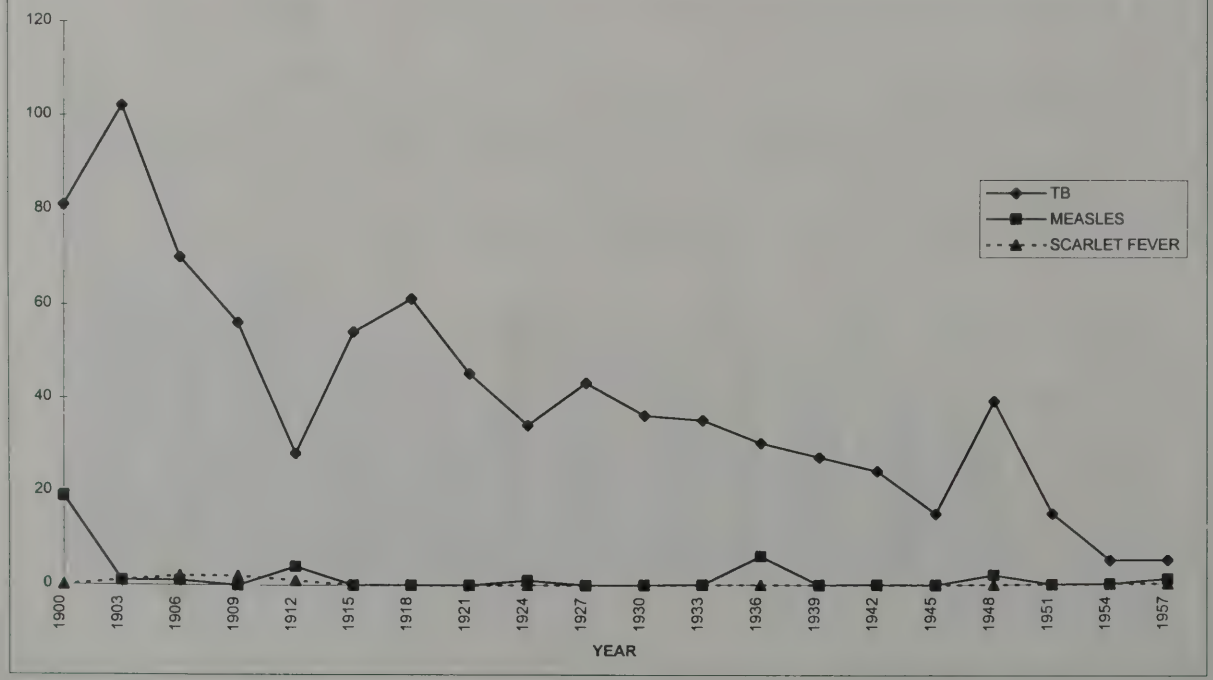
There has been an excess of births over deaths in all years, apart from 1941, when a substantial proportion of women and children had been evacuated from the island. However by 1996, this 'natural increase' was a mere 0.3 per 1,000 population. This convergence of falling fertility with increasing longevity is likely to continue.

Figure 3.3 - Notified Cases and Diptheria Deaths Guernsey 1897-1950



Annual MOH Reports 1897-1951

Figure 3.4 - Deaths from Tuberculosis and other Communicable Diseases Guernsey 1900-1957



- **The Control of Diphtheria (Figure 3.3)**

The arrival of Guernsey's first MoH, Dr John Brownlee in October 1899, and the subsequent formation of the Board of Health on 29th December 1899 may be traced to the outbreak of diphtheria, which struck the island in the 1890's.

As summarised in Chapter Two, control measures including the isolation of patients and the disinfection of premises soon proved effective, and the initial epidemic was quickly brought under control.

However, as figure **3.3** illustrates, there were periodic outbreaks of diphtheria until the Second World War, and a new law mandating compulsory immunisation for all children under 10 years was required before the disease was finally brought under control.

The control of diphtheria must be regarded as one of the public health successes of Guernsey. For those generations of Guernsey children born since the early 1950's, diphtheria must now seem as unlikely a cause of disease or death as the 'Black Death'.

- **Tackling other infectious disease (Figure 3.4)**

In parallel with the control of diphtheria comes the fall in other infectious diseases. By far the most feared of these was tuberculosis, sometimes described in medical textbooks of earlier times as the *'great white plague'*.

in 1903, the then MoH Dr Henry Draper-Bishop wrote *'One out of every six deaths must be attributed to tuberculosis, a disease, which under ideal conditions, is preventable ..... amongst the predisposing causes of the disease are overcrowding, intemperance, deficiency of food, dampness of houses and soil, insufficient and impure air, exposure to rapid alterations of temperature, sedentary occupations, especially those requiring cramped positions and as a sequel to other illnesses .... the filthy habit of indiscriminate spitting should be prohibited by law as is now done in other places'*.

As shown in figure **3.4** tuberculosis remained a significant cause of death until the early post-war years, but declined dramatically following this. Improvements in housing, nutrition, and general social conditions undoubtedly contributed towards this, as did health measures such as the opening of the States Sanatorium, anti tuberculous therapy and surgical treatment of cavitational lesions, and public health responses such as mass radiography and scrupulous 'contract tracing' of social and family contacts of new 'index' cases.

Figure 3.5 - Infant Death Rate in Guernsey

SELECTED YEARS - RATES per 1000 births

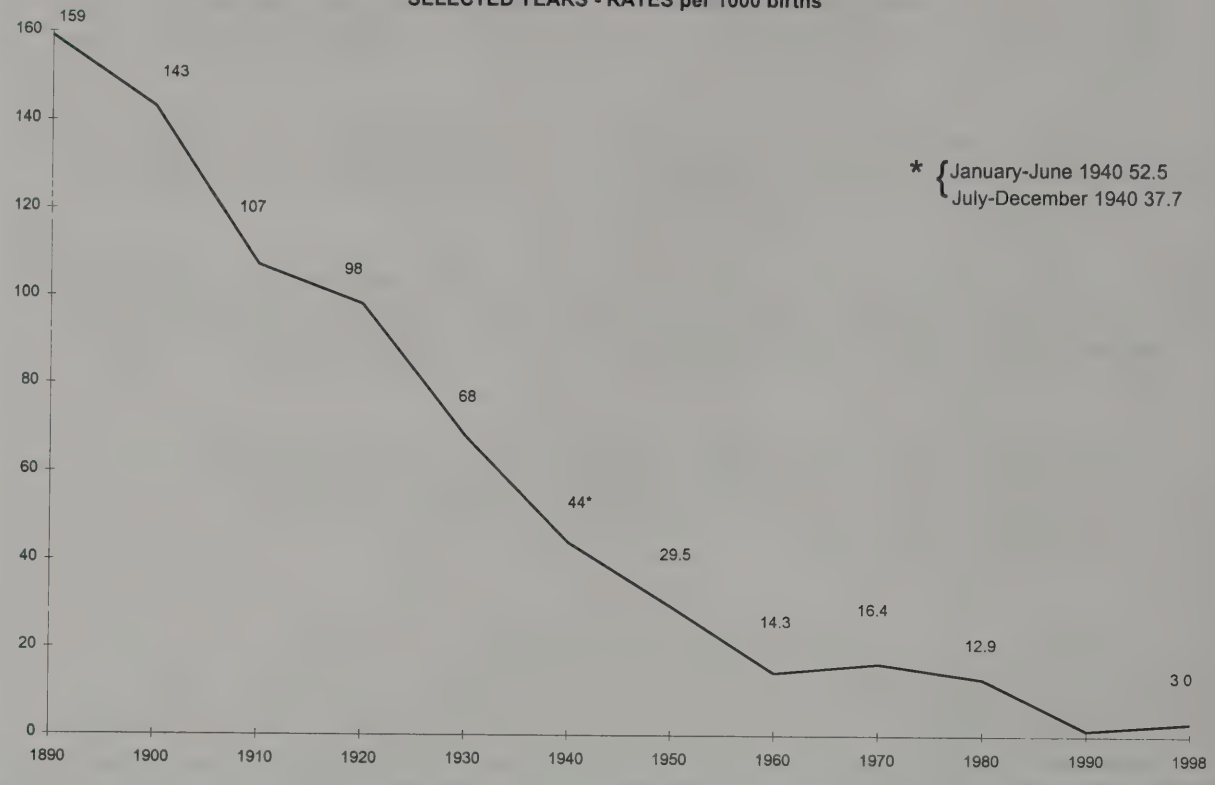
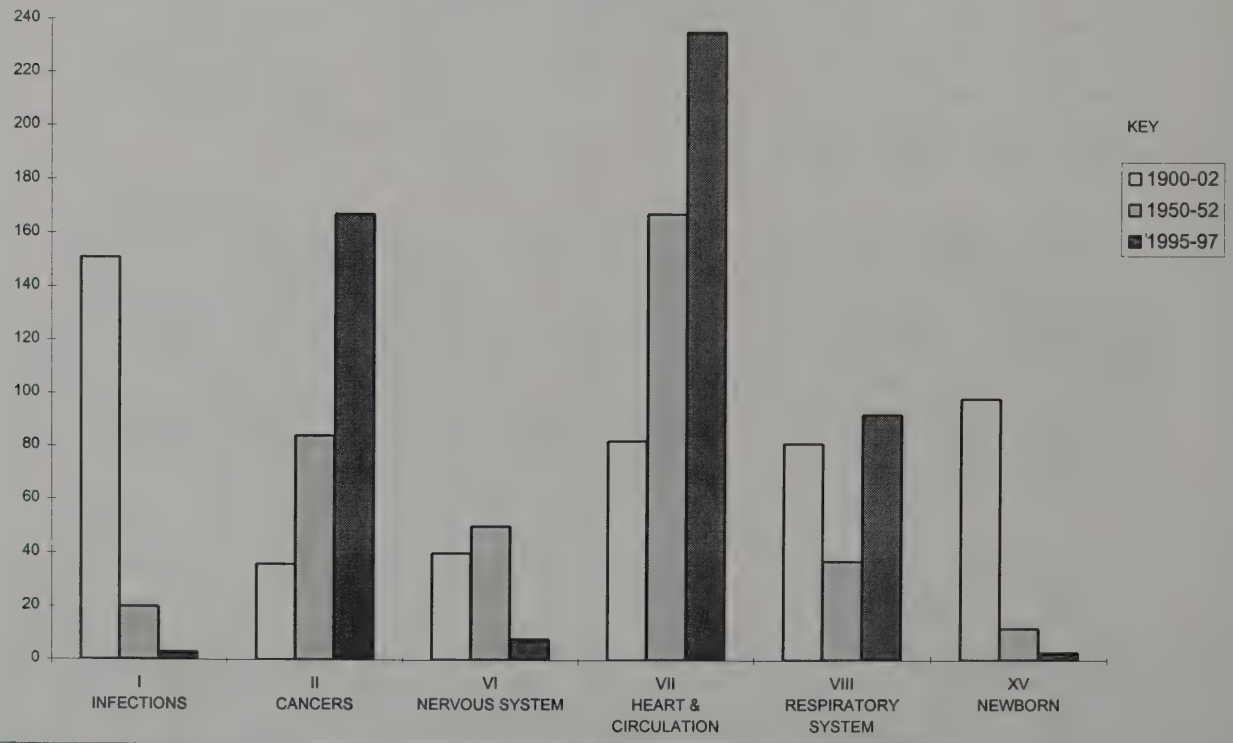


Figure 3.6 - Causes of Death in Guernsey 1900-1997

RATES PER 100,000 POPULATION (3 YEAR MEANS)



Source: Annual MOH Reports 1900-1997

When he retired in 1983, Guernsey's seventh MoH Dr Geoffrey White was able to write *'The greatest single change in the past twenty years has been the reduction in incidence of tuberculosis. One of my first tasks in 1962 was to accept responsibility for the two wards of cases of pulmonary-tuberculosis at the King Edward Sanatorium: between 15 and 20 cases in each ward, men and women languished for months, rather than weeks whilst their lungs healed sufficiently so they were no longer an infectious risk and they could circulate in the community once more .... nowadays the Sanatorium has ceased to function as an infectious diseases hospital, and no where else is a single bed allocated specifically for the treatment of TB'.*

Figure **3.4** also shows how other severe and once dreaded communicable diseases such as scarlet fever and measles have been brought under control by a combination of public health measures such as immunisation, and more specific medical therapy able to treat complications.

- **Falling Infant Mortality (Figure 3.5)**

Perhaps one of the most dramatic success stories in health in Guernsey over the past 100 years has been the fall in infant mortality, as shown in figure **3.5**.

At the turn of the century, the infant death rate in St Sampsons Parish was 224 per 1,000 live births - almost one child in four born in that Parish dying before celebrating their first birthday. Guernsey's third Medical Officer of Health, Dr Henry Draper Bishop wrote in 1904 *'The (infantile) death rate of St Sampsons is exceedingly high, being higher than that of the poorest, most densely populated part of Liverpool.....'*

Action came through the implementation of a number of inter-related public health responses including health education (a pamphlet entitled *'How to bring up your children'* was produced in both English and French in 1903), the promotion of breastfeeding, the appointment of health visitors and the progressive introduction of immunisation against the most common childhood infections. Taken together these measures have helped to reduce infant mortality in Guernsey as a whole from 167 per 1,000 in 1898 to 4.5 per 1,000 births in 1997 - a fall of over 97% in just 100 years.

- **Changing Mortality Patterns (Figure 3.6)**

Figure **3.6** summarises cause of death in Guernsey per 100,000 population, (shown as a three year mean) at the centuries start, mid century, and the most recent mortality data.

The fall in deaths due to infectious diseases (Group I) has been discussed above. Equally dramatic, has been the reduction in deaths amongst the new-born (Group XV) - due to improved obstetric and antenatal care, as well as overall improvement in population health.

At the same time, deaths from cancer (Group II) - commonly cancer of the lung and gastrointestinal tract in men, and cancer of the breast, lung and gastrointestinal tract in women have steadily increased through the century, almost certainly reflecting changes in lifestyle over this period.

There has been an even greater rise in deaths due to disease of the heart and circulation (Group VII), most commonly ischaemic heart disease, cerebrovascular disease and hypertension. Again lifestyle factors such as increased dietary fat, increased smoking prevalence, increasing obesity, and reducing levels of exercise are contributory.

Meningitis, encephalitis, epilepsy, and paralysis all contributed to the relatively high rates of death affecting the nervous system 1900 and 1950 (Group VI), - all are much rarer causes of disease and deaths today.

In contrast, respiratory diseases (Group VIII) including bronchopneumonia and bronchitis were relatively common cases of death at the start of the century, they were recorded less frequently as a cause of death by 1950, but have become a more commonly reported recently - often as a terminal event in the elderly.

Chapter 4

Guernsey Health at the Millennium

The changes to health in Guernsey summarised in the last chapter are based on the interpretation of existing birth and disease notifications and mortality data. In a move to ensure that local health policy and public health development remain relevant to the changing health needs of the Guernsey population, a number of research projects aiming to quantify various aspects of population health have come to fruition during the past year. Taken together, they provide an excellent over-view of the state of Guernsey's health as we approach the millennium. These include:

- **Millennium 'Life Expectancy' Project**

This was a joint project between representatives of the Board of Health, Guernsey Social Security Authority, Advisory and Finance (Economics and Statistics Unit), and local Actuaries Bacon and Woodrow. It used population data from the 1996 Guernsey Census, and mortality data for the years 1995-1997. Attempts were also made to locate Guernsey residents who had died 'off island' and whose deaths were therefore not registered locally.

This actuarial study showed that between 1990 and 1997 life expectancy in Guernsey has risen from 73.2 to 75.9 years for men and from 78.6 to 80.6 for women. As such it is now 1.6 years for men and 1.1 years more for women than similar published figures for Britain (1996). This is a somewhat smaller differential to that previously shown in 1990 when differentials between Britain and Guernsey were 2 full years for men and 1.4 years for women.

- ***'Health Screening in the Elderly'* Study**

Not only are Guernsey residents living longer, but they are remaining in generally better health well into what would once have been considered 'ripe' old age. The *'Health Screening in the Elderly'* Study sent postal questionnaires to 300 Guernsey residents aged 75 years and above, randomly selected from the practice lists of the three large group family practices on the island.

An impressive 97% response rate was obtained, and 148 patients were identified who it was felt might have additional problems which would benefit from extra medical care.

It was possible to visit 105 (71%) of these older people (48 men and 57 women) and an experienced health visitor for the elderly conducted a very thorough examination including a home assessment, past and current medical history, review of medication, tobacco and alcohol consumption, and an assessment for depression and early signs of dementia.

The great majority of the older people reported they were in sound physical health, and where problems did exist, these were generally being well dealt with.

Approximately 50% of the older people did have some concerns about the future and the most commonly reported worries *'what would happen when they could no longer drive or something happened to a family member on whom they relied'*.

Several expressed concern that there was a very real shortage of appropriate housing if they needed to move because their present residence proved too large for them. A need for more sheltered housing in Guernsey, and a public transport system better suited to the needs of the elderly are issues which need to be urgently addressed.

- **Channel Island Birth Cohort Study**

There has been impressive research from Holland suggesting that mothers who were pregnant during the so called 'famine winter' (1944/45) produced babies who have subsequently developed higher than expected levels of cardiovascular disease and diabetes. It has been postulated that lack of nutrients at crucial stages in pregnancy impairs the body's ability to effectively metabolise these in later adult life.

There is interest in whether a similar phenomenon might be shown amongst Channel Island residents whose mothers were pregnant during the last nine months of the German Occupation (July 1944 - May 1945), when there were very real food shortages in the Channel Islands.

A joint research project between the University of Cambridge, the Board of Health and the Health and Social Services Committee in Jersey has been successful at recruiting over 300 Guernsey and a further number of Jersey residents from this period in order to study the long-term effects of poor diet in pregnancy. Such individuals would be now in their mid-fifties and knowledge of possible increased risk of heart disease or diabetes amongst this group is obviously of personal as well as public health importance.

- **Community Osteoporosis Prevalence Project**

Although the *'Health Screening in the Elderly'* Project confirms that the majority of older Guernsey residents feel themselves to be in generally sound health, higher levels of osteoporosis in this population, with increased risk of hip fractures might be predicted.

To better develop a strategic approach to osteoporosis, all Guernsey women aged 65 - 75 years were invited by their own doctor to attend a free forearm DEXA (Dual Energy X-Ray Absorptiometry) screening at the Princess Elizabeth Hospital.

Approximately 2,700 women were identified in this age group, and were sent a simple screening questionnaire. Over 2,400 (89%) returns were received, of whom 888 were felt to show one or more risk factors, and therefore be likely to benefit from forearm DEXA screening. Approximately 800 DEXA screenings were performed, of which 27% were regarded as normal, 39% showing evidence of osteopenia, and 35% of established osteoporosis.

This high participation rate (89%) confirms that osteoporosis is already a serious public health problem on the island, with at least 12% of women in this age group already at risk, and a further 13% likely to benefit from active intervention if they are not to progress to established osteoporosis. These results will be invaluable in developing a strategic approach for the better prevention, detection, and treatment of osteoporosis in the future.

- **Third Guernsey *'Healthy Lifestyle'* Survey**

Regular lifestyle surveys allow the Board of Health to better identify the health needs of the population, and better plan for future health services. The Third Guernsey *'Healthy Lifestyle'* Survey was undertaken in November 1998 in conjunction with the Department of Medical Statistics and Computing at the University of Southampton. The Study confirms that at the century's end, the majority of Guernsey's adult population remains in good health, with 95% of people of both sexes classifying their health as *'very good'*, *'good'*, or *'fairly good'*.

People appear to be responding to health promotion advice, with fewer people smoking, more people drinking within recommended *'safe and sensible'* limits, and a majority of people having made dietary changes in the interest of better health. However, stress levels appear to be rising, with 29% of men and 39% of women in the Survey reporting being *'moderately anxious'* or *'depressed'*.

- **Prescribing Support Unit**

When the Kings Fund conducted an audit of local prescribing patterns in 1997, they found that Guernsey practitioners tended to prescribe far higher quantities of more expensive drugs, far fewer 'generic prescriptions' (generally the best 'value for money') prescriptions, and more drugs of 'limited clinical effectiveness' than their counterparts in the UK.

Following discussions with the local family practices, it was agreed to establish a Prescribing Support Unit as a joint initiative between the Guernsey Social Security Authority and the Board of Health. With the move to 'clinical governance', and the establishment of the National Institute of Clinical Excellence (NICE), there is likely to be increasing pressure to apply national 'best practice' guidelines, and use more 'evidence based' prescribing. The newly appointed Prescribing Advisor will be liaising with family practices, to ensure that local practitioners are fully conversant with the most recent evidence, thus helping to ensure high quality prescribing at a more affordable cost in Guernsey. Local guidelines have already been agreed for the better management for osteoporosis, and work is currently underway looking at 'best prescribing practice' guidelines for lipid lowering.

The next twenty years

Considering the changes and developments in health which have occurred in the past 100 years, it would be a bold crystal ball gazer who would commit themselves to predicting more than twenty or so years into the new Millennium. However, extrapolating from present trends, the following are likely to influence changing health trends.

Better health data

Advances in healthcare are now rarely driven by individual diagnosis, but by analysis and interpretation of population health factors. Increasingly, disease is being seen to result from an individual, often genetic susceptibility to a disease influenced by external environmental factors. As the above examples illustrate, further developments in health need to be underpinned by better knowledge of those health factors which affect the Guernsey population and environment as a whole. We will need to continually update and refine our local health data in order to ensure the appropriateness, effectiveness and quality of present and future health services.

Healthier Environments

'True personal health is impossible in an unhealthy environment' is a theme which has often been touched on in previous MoH Reports. Increasingly it is seen that the threats to human health come less from local environmental issues and more from global trends, such as the loss of the ozone layer and global warming. Although only a small jurisdiction, Guernsey can show its commitment towards contributing to the health of the planet through adoption of 'measures of sustainable development' and appropriate remedial action where the island demonstrates that it contributes disproportionately to wider environmental degradation.

'Whole of government' action to achieve progress in public health

For the past 100 years, it has been necessary to work with other States Departments, the voluntary sector, and the community more generally in order to achieve improvements in population health in Guernsey. With our increased understanding of the origins and influences on human health and disease, the need for action well outside the health sector to tackle these will become very much more important, and the need for cross departmental working will proportionately increase. Examples include:

Housing, health equity and transport

These issues all impact on health, but cannot be successfully tackled without effective 'whole of government' action.

Housing is not a new problem. In 1921, Guernsey's third MoH wrote Dr Henry Draper-Bishop wrote *'It is the duty of the MoH to consider the housing question as one of the most important questions with which he is concerned ....';* whilst in 1963 the then MoH commented *'The need for improvement in housing is enormous. Overcrowding is commonplace, dampness is the rule rather than the exception, and dozens of properties should be demolished tomorrow'.*

It is sad to report that it is still necessary for the MoH to visit houses in Guernsey, often occupied by families with young children, which are considered *'unfit for human habitation'*, and must be served a *'closure notice'*. Here surely must be a 'millennium challenge' for Guernsey, to try and replace our sub-standard housing stock entirely by (say) 2010?

Allied with poor housing are questions of social equity. There is now robust evidence confirming that one of the most reliable predictors of poor health is relative poverty, and that this 'health gap' between the least and most affluent in our society is widening rather narrowing as we approach the century's end.

Fortunately in Guernsey, relative affluence is the norm, but there also pockets of real need in our community. Unlike in Britain where these tend to be concentrated in particular post codes, or amongst identifiable minority groups, the pattern in Guernsey is far more complex. Tackling health inequities is essential if we are to move from a community of (largely) healthy individuals to becoming a 'healthy community'. This will not be achieved by the health sector alone.

The past century has seen a huge growth in motor vehicle ownership and use. Too many private motor vehicles are damaging to our tourist industry, detrimental to our environment, and bad for our health. Surely as a jurisdiction of only 63 square kilometres we can devise a better transport strategy for the next century than continue to allow largely unrestricted growth and use of private motor vehicles?

Appropriate and affordable health technology

New drugs will increasingly be developed to tackle an even wider range of diseases, and to tackle existing diseases more specifically. However, development costs of these drugs are huge, and it is naive to assume that all new developments in drug and health technology will be equally affordable or valuable. There will be a need for an increasing public health perspective to ensure that health resources are best spent to ensure the *'best health for the greatest number at the most affordable cost'*. The establishment of the Prescribing Support Unit is an important first step in this direction.

Where will you be treated?

The increasing sophistication of many health interventions means that highly specialised skills are required for their delivery, and it will obviously be impractical for a small island jurisdiction to provide or retain skills in all fields. However, rapid developments in 'telemedicine' means that the 'global consulting room' is becoming an increasing reality, and expertise and 'second opinions' will become available to islanders from centres of excellence all over the world. It is likely that concepts such as 'hospital at home' will be further developed, and that there will be less need for as many hospital beds.

Quality of care

With increasingly expensive technology and more sophisticated techniques competing for limited resources, it is obviously important to ensure the quality of health outcomes. Here again, public health skills applied through clinical epidemiology and outcome monitoring can help ensure that acceptable standards are maintained across all health disciplines contributing to more transparent 'clinical governance'.

Human genetics

With the progress of the human gnome project, the genetic basis of many diseases will become increasingly understood. Public health has always been about implementing means of prevention, and this evolving field of public health will seek to ensure that this increased knowledge of the genetic basis of disease is translated into effective and affordable reduction to susceptibility for specific diseases in the individual.

• Looking back, looking forward .....

In summary, we can be sure that many of those matters which must have been of concern to Guernsey's first Medical Officer of Health in 1899 remain equally relevant today. These include the need to ensure a healthy environment, and to prevent, as far as possible, the spread of communicable disease.

Other factors, such as the contribution we can make to our own (and the population's health) through 'healthy lifestyle choices' will undoubtedly continue to grow in importance. This will require more sophisticated health education and health promotion to ensure an adequate 'health literacy' amongst the local population.

There is also likely to be increasing need to quantify the quality, affordability and effectiveness of the various health interventions available in Guernsey, since not all are likely to be equally affordable or beneficial.

But although the focus may change, the underlying principles of public health need to be maintained. We must continue to apply our knowledge of changing health factors amongst the population of Guernsey and Alderney to bring about focused and effective interventions if the health of both islands is to continue to improve.

With the above provisos, there is no reason why present trends towards increased longevity, and better health well into old age in Guernsey and Alderney cannot continue well into the next Millennium.

Chapter 5

Environmental Health in Guernsey

Whilst limited statutory controls on sanitation and waste disposal had been given to the Parish Douzaines starting in 1853 in St Peter Port, the establishment of the Board of Health at the turn of the century marks the real beginnings of Environmental Health on the Island.

Initially acting to control the spread of cholera and diphtheria by disinfecting after infection the department's role evolved to that of regulating physical conditions so as to prevent future outbreaks of infection and disease.

The department's role continues to develop and it is now clearly established that the preservation of a viable, sustainable environment is fundamental to the health of present and future generations.

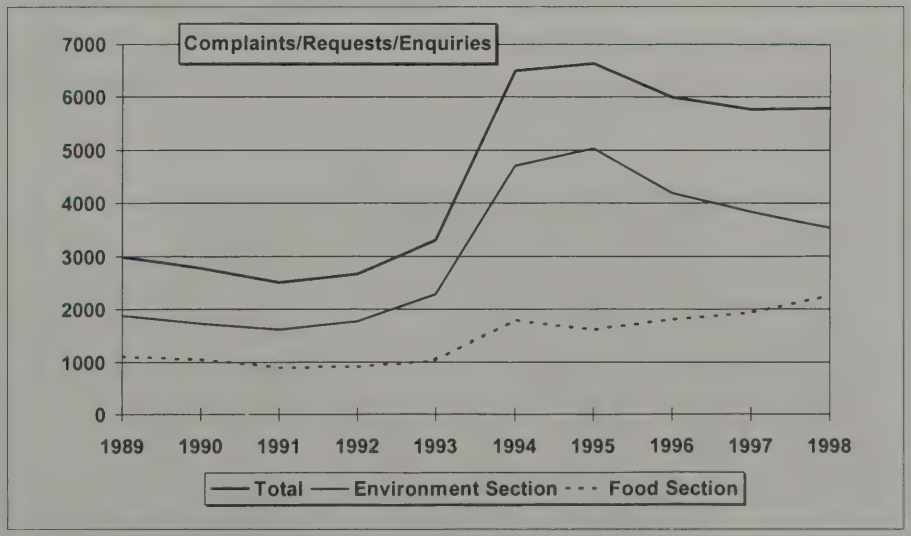
Whilst cholera and diphtheria are no longer primary public health enemies, salmonella, campylobacter and E. coli 0157 pose current threats and require proactive intervention rather than reactive treatment.

The motor car and the energy demands of modern living present threats to our physical environment which, if ignored, may pollute the air, water and land upon which we depend for survival.

Environmental Health has to continue to develop in order to identify and meet future and changing challenges.

Complaints/Requests for Advice/Enquiries

A total of 5781 complaints/requests for advice/enquiries were received during the year (compared with 5762 in 1997). Details are shown in the tables and graph following.



Food Safety and Infection Control

The publication of the Pennington Report into the causes of and lessons learned from the E. coli 0157 outbreak in Lanarkshire influenced the department's food hygiene programme for 1998. It was decided that the department would investigate the best way to promote the Report's recommendations with regard to hazard analysis and food handler training within the local food industry.

Following the demise of the Heartbeat Award, informal discussions were held with hoteliers and restaurateurs, regarding hazard analysis and food handler training. It became clear that an award based on food hygiene could achieve the dual objectives of replacing the Heartbeat Award and acquainting the food industry with the concept of hazard analysis and food handler training.

The Board of Health decided to promote the Hygiene Award scheme which was launched at the Salon Culinaire in April 1988. This scheme is an annual event and is open to all branches of the food trade, from the humblest kiosk to the grandest hotel. The scheme's objective is to recognise food businesses with standards of food hygiene, over and above the basic legal requirements. It is hoped that businesses attaining the award will act as an incentive for other businesses to raise their standards. The award is divided into three parts - practice and structure, hazard analysis and staff training. Each part focuses on complying with legal requirements, recognising good practices and the demonstration of due diligence.

It is hoped that as the recognition of the Hygiene Award as an indication of high standards becomes more evident, the public will not be asking food businesses "why have you got the Award?" but rather asking them "why haven't you got the Award?"

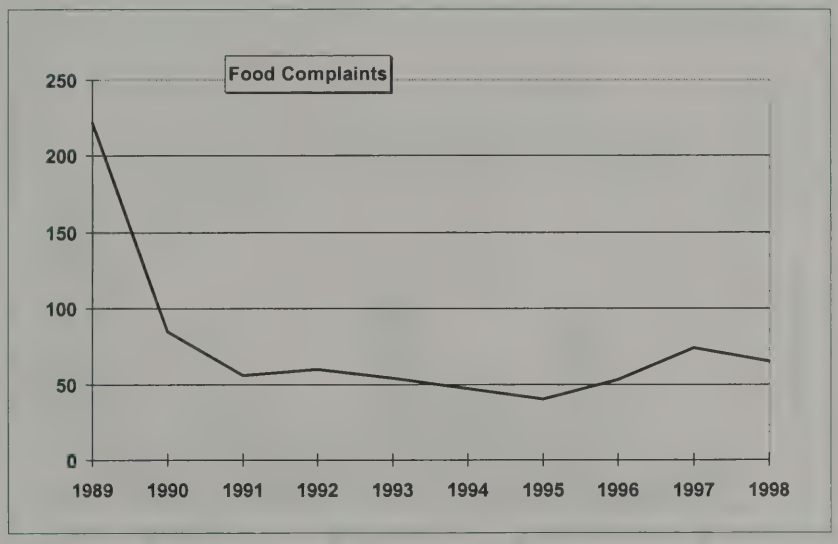
The Salon Culinaire also saw the launch of a Hygiene Trophy awarded by the Board of Health, to the chefs in both the Senior and Junior finals of the cookery competitions, who demonstrated excellent standards of food hygiene under difficult circumstances and working under extreme pressure. The presentation of the trophies was made by the President of the Board of Health.

The Food Safety section dealt with 2250 complaints, etc. (1930 in 1997) during the year. This increase was due, largely, to the food trades' response to the introduction of the Hygiene Award scheme.

Food Safety and Infection Control	
Food Condition	183
Food Poisoning	440
Food Safety	887
Food Surrender & Advice	50
Miscellaneous	691
Total	2250

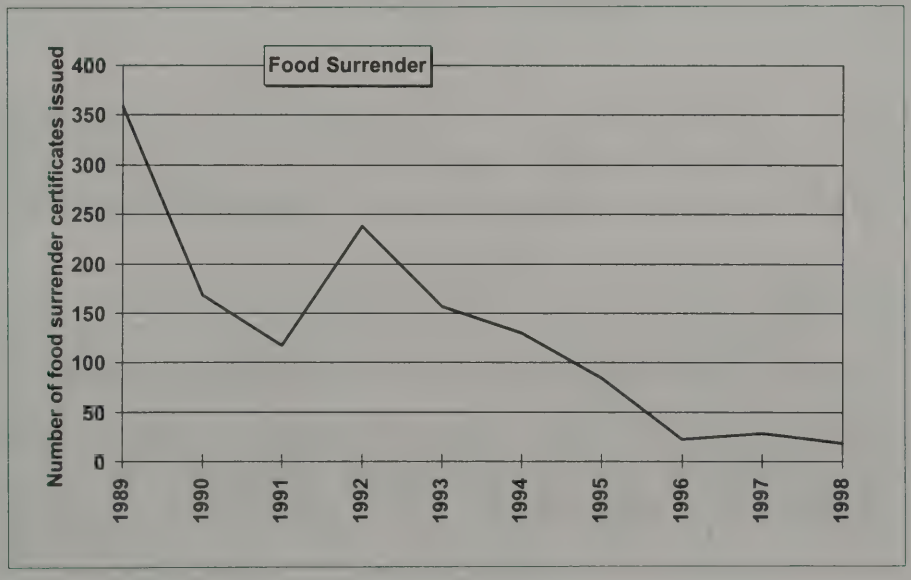
Food Complaints

A total of 65 complaints were made to the department during the year. Of these, 10 were the result of alleged illness, 33 related to foreign matter, 11 referred to food stuffs being out of condition or mouldy, 5 referred to alleged unfitness and 5 being not of the nature, substance or quality demanded by the purchaser. 39 of the complaints were either unsubstantiated, or the source of the problem occurred accidentally in the complainant's home. None of the substantiated complaints were of such seriousness as to warrant formal action.



Food Surrender

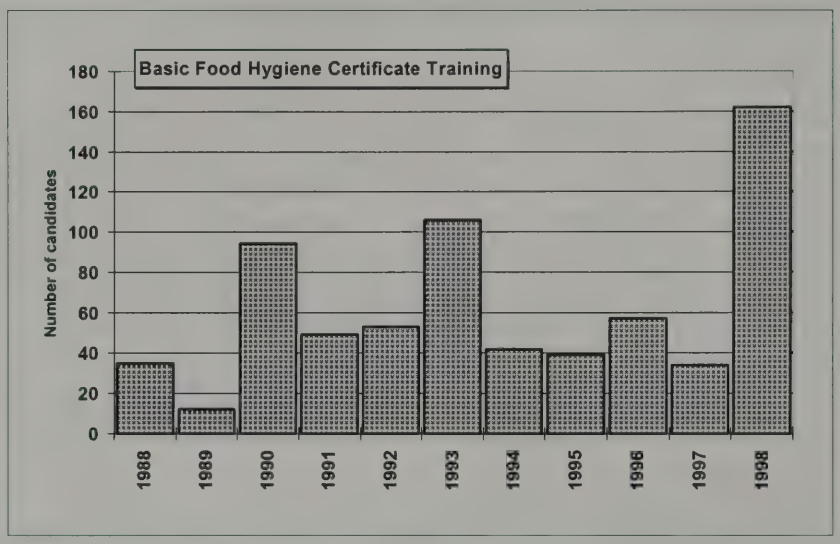
A total of 18 certificates were issued during the year. The Board's policy of charging for the issue of certificates, thus freeing valuable officer time, continues to be successful.



Food Hygiene Training

The Environmental Health Officers continued to promote the Chartered Institute of Environmental Health's Basic Food Hygiene Certificate course. Twenty-two courses were organised during the year for 162 candidates and 159 were awarded the certificate.

The large increase in the number of candidates undertaking the certificate course during the year (34 in 1997) was mainly due to the introduction of the Board's Hygiene Award scheme.



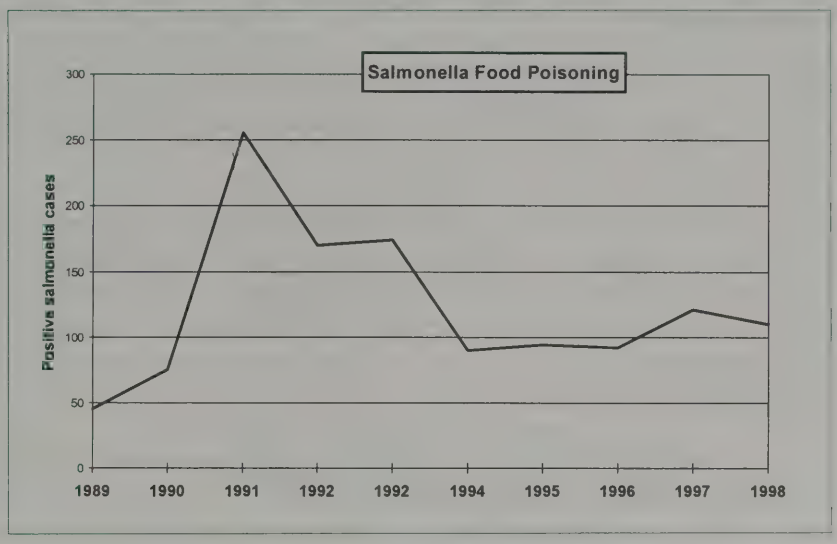
Formal action

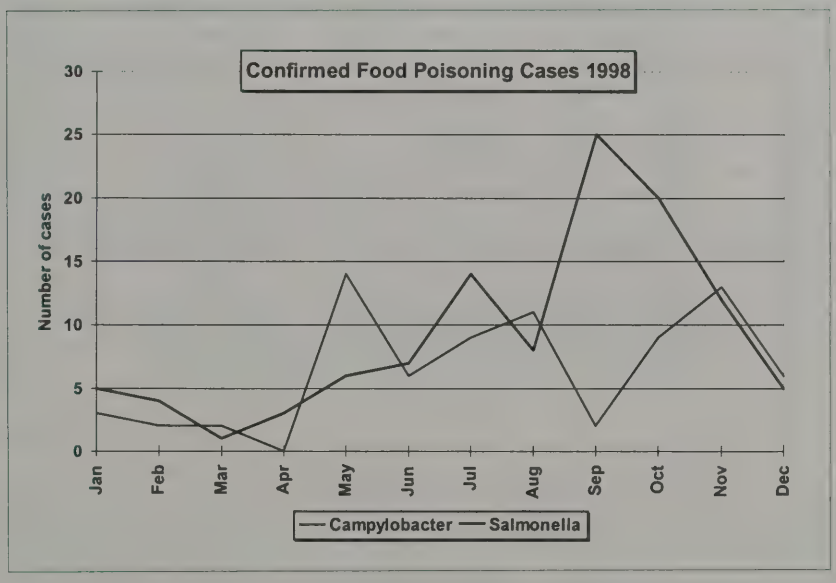
A total of 27 Improvement Notices were issued during the year. Whilst the environmental health officers prefer to encourage the raising of food hygiene standards, it sometimes becomes necessary to instigate formal action where the officers perceive that informal advice will be ignored and, therefore, it is necessary to issue Improvement Notices. It is an offence not to comply with the conditions of an Improvement Notice.

The Notices were served on 6 food premises: an hotel, a cafe, 2 grocery shops, a take away and a public house. Of these premises, the cafe voluntarily ceased trading and successful prosecutions were instigated against the take-away and a grocery shop; both of which subsequently ceased trading.

Food Poisoning

The department received notification of 109 confirmed cases of Salmonella food poisoning. Seventy-three of these were of the type usually associated with eggs or poultry. The majority were individual cases or family outbreaks and 14 cases originated outside the Bailiwick. There were, in addition, 77 confirmed cases of Campylobacter.





Environmental Control Section

Environmental Protection

The Control of Environmental Pollution Law and amendments to Public Health legislation, agreed by the States in February 1997, were not enacted during 1998. The absence of adequate means of controlling deleterious environmental conditions, therefore, continued unresolved.

Following the States' resolution of March 1991 (Billet d'Etat VII, 1991) the public refuse disposal facilities operates by the States Board of Administration continued to be monitored by Environmental Health Department staff.

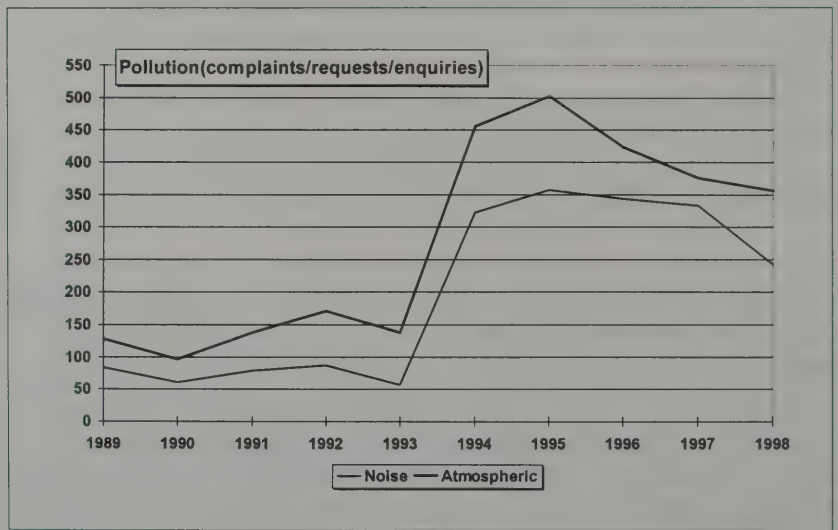
In addition, the Board of Administration voluntarily agreed to its waste operations being licensed by the Board of Health prior to the introduction of the law requiring this.

After detailed and somewhat protracted investigations and consultations, a licence for Mont Cuet Landfill Site was signed by the President of the Board of Health on the 15th December, 1998.

The department's Trainee Waste Regulation Officer progressed with his studies for a Masters Degree in Waste Management. It is anticipated that he will graduate and obtain membership of the Institute of Wastes Management by the end of 1999, at which time he will fill the role of Waste Regulation Officer. It is hoped that legislation will be in force by that time to enable him to effectively perform his regulatory role.

A total of 3531 complaints/requests/enquiries were dealt with by the section during the year, as shown in the following table.

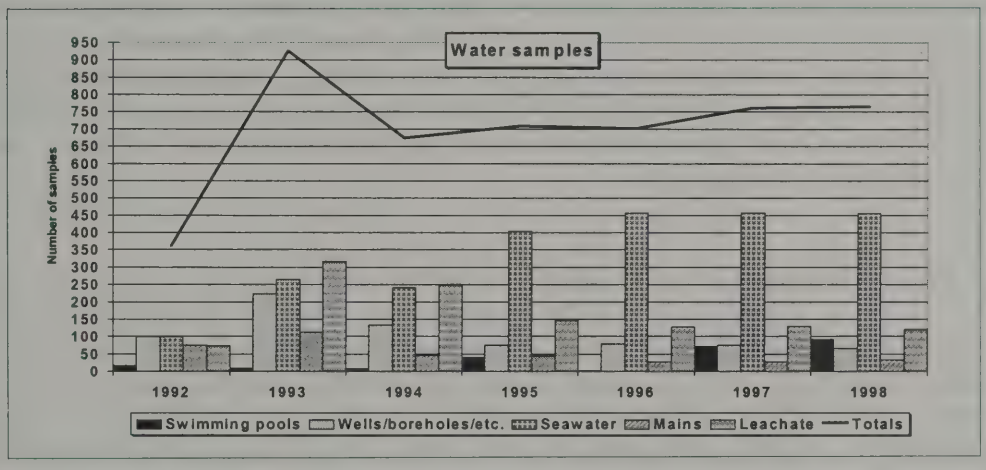
Environmental Control	
Housing	400
Pollution - Atmospheric	365
Pollution - Land/Water	209
Pollution - Noise	243
Rats/Mice/Pests	817
Water Sampling	350
Miscellaneous	1147
Total	3531



Water Samples

The following samples were taken during the year for bacteriological/chemical sampling, as shown in the following table.

Water Samples	
Swimming pools	92
Wells/Boreholes	66
Sea Water	454
Mains Water	33
Leachate	121
Other Water Sources	1
Totals	767



Rodent and Pest Control

A total of 534 complaints or requests for assistance were dealt with by Rodent Control staff and a total of 1012 treatments were carried out. In addition, 73 disinfestations were undertaken.

The department continued with its programme of systematic treatment of bays, headlands and staff carried out 697 treatments during the year.

Housing

Four hundred complaints of unsatisfactory conditions were received during the year. Complaints were mainly concerned with unsatisfactory living conditions, overcrowding, dampness and defective drainage. Only one closure notice was served.

Air Quality Monitoring

The department continues to monitor nitrogen dioxide and sulphur dioxide levels. Nine sites measuring nitrogen dioxide were in operation for the whole of 1998 whilst the one site monitoring sulphur dioxide operated near the Vale Power Station.

Measured levels of sulphur dioxide remain very low, indicating "Very Good" air quality, based on the United Kingdom's Department of the Environment's Air Quality Banding. The levels are now at or below the detection limits of the measurement equipment and partly for this reason the equipment at this site will be phased out during 1999.

Nitrogen dioxide levels were similar to 1997 but continued the downward trend noted in the previous two years. All nine sites recorded lower average levels over the year when compared to 1997. Fountain Street again reached the highest levels with a monthly average of 15.29 ppb (parts per billion) with a peak of 22.41 ppb (in February). This compares to an average of 18.89 ppb in 1997, 19.51 ppb in 1996 and 20.28 ppb in 1995. Peak levels for the previous three years were 23.90 ppb (July 1997), 26.00 ppb (September 1996) and 26.18 ppb (August 1995). Rural levels continued to average under 10 ppb. "Very Good" air quality is indicated by levels below 50 ppb, based on the Air Quality Bandings.

Real Time Analysis of Air Quality

The present monitoring results are not available until some time after the measurement period. This means that no preventative action can be taken to minimise the effects of an air pollution 'episode' or to warn people of potentially poor air quality, which may affect those with some pre-existing medical conditions. Real time monitoring analyses air quality over much shorter periods than at present (typically one hour) and results are checked, verified and available within a few hours of the measurement taking place. This means that not only can air pollution episodes be monitoring as they occur but by relating weather forecasting and modelling techniques with actual values, reasonably accurate predictions of air quality for the ensuing 24/48/72 hours can be made. This will enable measures to be taken where necessary to prevent harm to health.

The Board of Health will start real time monitoring of air quality during 1999. Agreement has been reached for the use of three sites; a rural site measuring ozone, a busy roadside site in St. Peter Port measuring oxides of nitrogen and carbon monoxide and an urban background site, again in St. Peter Port, measuring oxides of nitrogen, sulphur dioxide and particulate matter. Tenders for the supply of the necessary equipment were received in November 1998 and a decision on a contractor is due to be made during January 1999.

Nitrogen Dioxide Survey Results (Yearly Averages)

Site	1992	1993	1994	1995	1996	1997	1998
College Street	17.42	15.36	14.03	14.91	17.85	13.06	10.14
Princess Elizabeth Hospital	5.74	9.86	6.83	7.69	8.23	6.75	6.16
Nr Corbiere	3.32	5.52	3.62	3.86	5.19	4.30	3.73
South Side	8.79	14.80	12.15	13.58	14.78	11.91	11.11
La Passee	6.57	7.16	6.37	6.33	6.91	7.23	5.04
Fountain Street				20.28	19.51	18.89	15.29
Commercial Arcade				9.47	10.11	8.75	8.54
Albert Statue				14.16	15.58	18.15	17.52
Trinity Square				13.82	15.25	12.73	12.30

All results in ppb (parts per billion)

1992 averages for November - December only
1995 averages for August - December only

Personal Footnote

This will be my last Annual Report as I intend to retire at the end of 1999, after 33 years with the Environmental Health Department and the last 20 of those years as Chief Environmental Health Officer. The department is a small, but very busy unit manned by a team of dedicated professionals. The duties of the department have changed over the years and continue to do so with the general publics' ever increasing awareness not only of environmental problems but also of their rights and responsibilities. The department's staff continue to meet every challenge that arises with competence and expertise. Over the years we have built up and developed a "team approach" which has worked extremely well. I feel honoured not only to have worked with them but also to be able say that I am proud of my colleagues and of what they have achieved: I wish them well for the future.

J M BAIRDS
Chief Environmental Health Officer

Board keen to be active in combating passive smoking

THE Board of Health says that it is already supporting voluntary bans on smoking in public places, pre-empting a report in the UK last week establishing a clear link between passive smoking and heart disease.

The report, which could be ... smoking.

... full swing, the Health Promotion ... parents that damage to children's skin ... the sun, can lead to skin cancer (malignant melanoma) ... years later.

Children's skin is very vulnerable ... taken to avoid sunburn as much ... through using suntan cream ...

New leaflet on smear test

A NEW and informative leaflet about smear testing has been produced by the Wessex Cancer Trust thanks to Health ... Offi... cial ... ent... Test... prac... clear... detec... cell ... chang... the cervix can be vital in stopping cancer before it develops.

The Department of Health recommends that tests should be carried out every three to five years and that all women over 20 who ... sexually active need to be tested.

A smear test is a simple internal examination that takes a sample of cells from the cervix. It is not painful and regular tests can save lives.

The exam... cell... vica... prev... deve...

Tes... by doctors ... specially trained nurses ... at your local practi... tione... Family Plan... ning ... Russell.

H... to ... sag... ad...

'The ... acted was much ... ning to catch up. They ... and needed to act.

'I think it was a very courageous step to take and I want to thank the States and the people of Guernsey for making the move when we did. We need to safeguard the health of future generations.'

The UK campaign includes free nicotine ... was right ... either ban smoking or ... 'ed areas'.

... letter also sought ... a total ban of smok... ... ansport vehicles and to ... ... that designated no smoking areas ... provided in all cafes and restaurants.

Dr Jeffs says that there is also ongoing ...

It's the week for parting lice from close-nit communities

Health survey

Activity book helps point out ways of staying safe

Awarenes... to wear new ... of styles and colou... ... sun protective ... violet rays from ... beneath.

HAVE all heard that much sun is bad for our ..., so how much of the information do youngst... actually ...

... are ... dangers of too ... sun.

... protect the child ... with sun cream. ... thes. All the childr... a great choice and ... it's important th... happy to wear.' ... tective and standard... signed to keep babi...

... rewarding ... dants ... ultra violet light,' says ... Grange, who explains it is a way of reminding children and parents about the dangers of the sun's exposure.

The sun safe kids have also been receiving informa... tion pack...

Other children were fully aware of the dangers and knew how to keep their cool in the summer's hot days.

'I wear lotion and a hat on ... ... 10-year-old ... that avoiding ... the beach leads to cancers ... the skin.

The day's event is part of ...

Risks of far flung travel

National Voca... alification ... educat... ed joint ... omotic... and J... car ... ds unde... nd develop... ich took place a... y Hospital over ... weekends.

... tes came from a ... backgrounds, ... teaching, nursing ... esses. Some of ... local health promotion officer Yve Le Page, Jersey ...ok after yourself' co-... ator Sheila Coutanche ...ealth promo... Harvey. ...tion ... s ... ry ... a ... alth ... well ... local courses based on the "Look after yourself" pro...

Sunwise kids reap the rewards

... the unit'... empt to remind children about ...ions needed. ...heading for noon, cover... tightly woven ...ring a wide ...nd sunglasses as well as applying factor 15 sunscreen regularly.

They also suggest that it is worth checking moles regularly and looking for changes in size, colour and if it has a ragged outline. If moles itch, bleed or are a mixture of different shades ... or black then you ... doctor to rule ... malignant melanom...

Keeping a-breast of mothers' rights

Anti-cancer week targets men

...eing encouraged to be aware of the ...cer, as part of Europe Against Can... ...rom 5 to 9 October. ...alth Promotion Unit ... ...aded Men ...

'However, it is impor... ... signs of ...

... know the ea... ...k for, for ex... ... in urinary f... as soon as ... not nec... ...e have ...

those are prostate, which generally affects ...er men; the rare penile cancer; and testicu... ...increasing cancer among men ...but almost all testic... ...d early. ...mainly ...nok... ...olling ...g too ...tribute ...ancer.

Committees combine to produce booklet on eclipse safety

... people suffering ... as stomach problems, difficu... ...ng urine, the appearance of a lump in ...ticles or odd-looking moles, spots ...

...vironment,' says ... promotion officer C...

Number of teenage smokers is falling

...cut the ...se in the ...king and, ...s are hard ...use that as ...

'Promoting the Health Message' [Page 35]

Youngsters play out anti-smoking message

... starting is vital and ... they have ...ven more ...id Deputy ...

'If y... ... you ... school then you ... m your ...dren in the future.'

But the UK campaign does not include price ...

on old... ... an excuse to ...

'I am sure they ar... ... to safeguard the younger generation and ... not just interested in themselves.'

He said that po... to accept n... 'Th... ...choice but ...

Quitline takes on more advisers to meet demand

...he health of future ...hands and we have to take ...o see the results in the future. ... will be no immediate effect but that does not mean anti-smoking campaigns should not be introduced.

Chapter 6

HEALTH PROMOTION UNIT

- **How we started**

The Health Promotion Unit was set up by Dr Peter Lawrence (the then Medical Officer of Health) in February 1988 and the first Health Promotion Officer was Mrs Mandy Ponder who came from the UK on a four year contract to organise the service. Based initially in two rooms at the Rosaire Avenue site, the Unit has more recently been housed at the Princess Elizabeth Hospital, first in the former Receiving Room and since 1995 to larger premises near Bulstrode House. The Unit now has four staff - two full time Health Promotion Officers, a part time secretary and from July 1999 a full time Resources Officer. The Units role is to actively promote healthy lifestyles within the Bailiwick of Guernsey and to help people take responsibility for their own health. This is achieved through designing and implementing health promotion programmes and activities, providing an advice and consultancy service on all aspects of health promotion and through training and the provision of a free and comprehensive Resources Library. During the past 12 months the Health Promotion Unit has set up a number of activities to fulfil these roles under the following headings.

- **Accident Prevention**

The Child Accident Prevention Group, under the chair of the Health Promotion Officer continued to work hard to reduce the number of children whose injuries could have been prevented. In December the Group invited the Training Officer from the United Kingdom's Child Accident Prevent Trust to visit for two days and she led a series of successful workshops on safety issues for health visitors, playgroup leaders and childminders. The Group's "Safety Calling Challenge" for Year 6 Pupils was again run at Oakvale School in June and over 460 ten and eleven year olds attended to undertake a series of activities on home and fire safety, water and garden safety and stranger danger. In addition through the generous sponsorship of local businesses, every Year 6 child, including those who were unable to attend Safety Calling, was given a Safety Activity book containing puzzles, games and information on all aspects of accident prevention. These were very well received by both children and their teachers and it is hoped they will continue to reinforce many of the safety messages.

- **Alcohol and Drugs**

The Unit supported the European Drug Prevention Week in November with activities such as setting up a series of media interviews with relevant organisations. The Health Promotion Officer attended several meetings organised by the Chief Officers Drug Strategy Group as well as regular Drug Concern meetings.

She was also involved in the review and rewriting of the Board of Health's Alcohol and Substance Misuse report which is now in its final draft, as well as continuing to lead seminars on alcohol and sensible drinking in the Boards induction days.

- **Cancer**

The Assistant Health Promotion Officer attended a UK conference on promoting sun awareness and this year local activities centred around the promotion of sun protective clothing - particularly for children and for outdoor workers. To this end the Assistant Health Promotion Officer ran three training sessions for the staff of local building and construction firms which were very well received.

The Assistant Health Promotion Officer also attended a conference in London on recent developments in cancer prevention. She used some of the new knowledge gained there in workshops on the prevention of male and female cancers for three different finance houses, a WI group and several states departments. This certainly seems to be an area of growing interest and it is planned to include well men and women seminars in the Units new healthy lifestyle courses. The Assistant Health Promotion Officer is also now working with staff from another States Department so that they will be able to run their own training in this area for the their clients.

- **Coronary Heart Disease**

The Look After Yourself programme continued with eight different courses running during the year including several for Cardiac Rehabilitation patients. The newly trained tutors also continued to progress in their endeavours to gain their NVQ Level 3 qualifications. So far one tutor has successfully completed the award with several others nearly there. Both the Health Promotion Officer and Assistant Health Promotion Officer achieved their NVQ Assessors award in January.

During the year it became clear that the UK's Health Education Authority were not going to replace the Look After Yourself Programme when it discontinued in June 1999. It was felt that there was still a great need for some sort of healthy lifestyles course available to the general public and so the Health Promotion Officers have spent recent months working with the local tutors to devise Guernsey's own programme. This is to be called *"Live for Life"* and will be launched in September. It will include all aspects of the prevention of heart disease but will also in the future be broadened to include aspects of health such as sexual health and prevention of cancers.

Other activities to promote the prevention of heart disease included several workshops on healthy eating. The Unit also worked with the Occupational Health Nurse to provide a series of healthy lifestyle workshops for the Boards Estates Department, these were generally well received and also led to a number of staff attending Chest and Heart Screenings and Quitline Smoking cessation seminars.

- **Exercise**

The Unit again took part in the *Active for Life* Campaign and this year the focus was on encouraging young women to become more involved. Therefore the Assistant Health Promotion Officer set up a series of free taster sessions in aquafit, sailing, tennis and a Hash House Harriets fun run. These were generally well supported with a number of participants returning for further sessions.

One of the unfortunate results of the demise of the LAY programme has been that the tutors are no longer qualified to teach a basic exercise programme. The Assistant Health Promotion Officer spent many hours trying to arrange a substitute programme as there was nothing available locally. Happily she was able to arrange for a UK firm to send over several of their teachers to lead a new course. Ten tutors are about to finish the course and will be fully qualified gym and circuit training instructors. Although this is a much higher level than originally needed it means that the tutors will be able to set up a variety of exercise programmes for the general public.

- **Family Health**

The Unit supported the work of the school nurses to combat the growing problem of headlice by producing a new leaflet and also a radio advert. The campaign seemed to be working initially but recent reports seem to indicate that the problem is again on the increase so this is an area that may need further input. Breastfeeding Week was promoted by the Unit and the Health Promotion Officer is now working with the Joint Breastfeeding Group to produce a community Breastfeeding Policy.

An unexpected issue that has involved Health Promotion Unit staff has been a campaign to publicise the safety aspects of viewing the Eclipse. So far 27,000 safety leaflets have been distributed and a number of public displays are to be set up to highlight the dangers.

- **Media Relations**

Guernsey is fortunate in having well supported local media including print, local radio, and television. There appear to be high levels of interest amongst Guernsey's population for 'health news' and a good working relationship has developed with the local media, resulting in health and health related stories gaining good news coverage. This certainly raises public awareness of local health issues, and re-inforces other aspects of the Units work.

- **Mental Health**

Stress Management has remained one of the most requested workshop topics and as such will be one of the main elements of the "Live for Life" courses. During the past year sessions were set up for organisations as diverse as Board Staff, teachers, nurses, civil servants and private companies. The Health Promotion Officer continued to work with the Education Department on the production of a Stress Management Policy for teachers and this was finally accepted in February.

As a result the Health Promotion Officer was then asked to run a series of four half day workshops for head and deputy headteachers on the principles of stress management and how the policy could be implemented in schools. Following these sessions the Health Promotion Officer has now been asked to run several workshops for the whole staff at two schools and there are plans for several more.

- **Sexual Health**

The Health Promotion Unit continued to work with the Education Departments complementary health educators to support their work in schools on sex education and the Health Promotion Officer led several sessions at two training days held for teachers. World AIDS Day was again promoted in December and the Unit funded the production of a sexual health leaflet for postnatal women.

In April the Health Promotion Officer set up an evening seminar on travel health for travel agents and practice nurses. The main aim of the event was to promote safer sexual practices for travellers as well as sun safety and immunisations. Four different agencies were represented and the evening resulted in a request for a general travel leaflet which could be given out by all staff.

- **Smoking**

"Take the Plunge" was this years No Smoking Day theme and the Assistant Health Promotion Officer worked with GASP and Quitline to organise a series of events. These included a group of grammar school pupils who 'plunged' into their school pool on the day itself. The free nicotine patches scheme continued and this year included two months promoting a four week free supply. On both occasions the response was overwhelming with over 50 people turning up at the Quitlines first open meeting. The Quitline has been so successful that another part time adviser has been employed to cover busy times and the Advisers hope to move to bigger premises later this year.

GASP has also gone from strength to strength with both co-ordinators in great demand from the island schools. This year they organised a series of peer led training for Year 9 pupils who will now go on to teach the Year 7 pupils in their schools next term. The Assistant Health Promotion Officer has continued to work very hard to co-ordinate both services and to ensure their work is as effective as possible (and it is hoped to extend the programme).

A future development will be the appointment later this year of a part time personal, social and health education co-ordinator who will help primary schools to develop their curricula to strengthen ongoing work on self esteem and peer pressure - vital elements in the programme to promote non-smoking.

- **Schools**

Teachers are still one of the main user groups of the Units resources and the Unit endeavours to support their PSHE curricula whenever possible. This year activities included working with several schools on developing the PSHE policies and working with Newly Qualified teachers and classroom assistants.

A new development was the decision to spend time taking a large selection of the Units resources into schools to enable staff to see the range of materials available on loan. So far three schools have been visited with a resulting increase in uptake from staff and it is hoped to continue these visits next term.

- **The future**

The past twelve months have again been busy with all the activities listed as well as numerous visits, phone calls and attendances at meetings. In addition the Health Promotion Officer and Assistant Health Promotion Officer spent three days at an international Health Promotion Conference in Cardiff last September and topics discussed there were very relevant to the future work of the Health Promotion Unit. Smoking is still seen as the main cause of illness and disease and despite the sterling efforts of the Unit, Quitline and GASP, is likely to remain the major priority for many years to come. Much emphasis at the conference was placed on the development of Healthy Schools and this is an area we would like to see increase particularly with support from the PSHE co-ordinator. A new area of work will be the promotion of the prevention of osteoporosis which is set to become an increasing problem as the numbers of elderly people continue to rise. Although we have promoted the general messages for some time we will need to develop specific programmes to tackle the issue. Added to this all the other health issues will still compete for attention and so we propose to follow Professor Simon Chapmans advice at the conference - he said health promotion is like *"being pecked by ducks"* - one peck is bearable but if people are pecked enough eventually they will give in!

YVONNE LE PAGE
Health Promotion Officer

Table 7.1
Notification of Communicable Diseases 1998

						1998 (Quarters)				
	1993	*1994*	*1995*	*1996*	*1997*	*1st*	*2nd*	*3rd*	*4th*	Total
Measles	2	1	2	2	0	**0**	**0**	**0**	**0**	**0**
***Mumps**	1	0	0	0	0	**0**	**0**	**0**	**0**	**0**
***Rubella**	4	0	4	6	0	**0**	**0**	**0**	**0**	**0**
Whooping Cough	0	4	6	0	0	**0**	**0**	**0**	**0**	**0**
****Food Poisoning**	248	140	138	160	171	**19**	**36**	**69**	**65**	**189**
Hepatitis A	0	0	0	0	2	**0**	**0**	**0**	**0**	**0**
Hepatitis B	2	2	0	2	2	**0**	**1**	**1**	**1**	**3**
Hepatitis C	0	0	1	0	0	**0**	**0**	**1**	**0**	**1**
Meningitis	2	1	4	4	3	**1**	**1**	**1**	**1**	**4**
Tuberculosis	2	4	6	4	0	**1**	**1**	**0**	**1**	**3**
Malaria	0	0	0	0	0	**0**	**0**	**0**	**0**	**0**
AIDS - notified annually	0	0	0	1	1	**0**	**0**	**0**	**0**	**0**
Scarlet Fever	1	1	1	1	0	**0**	**0**	**2**	**2**	**4**
Psittacosis	0	0	5	0	0	**0**	**0**	**0**	**0**	**0**
Dysentery	2	0	0	0	0	**0**	**0**	**0**	**0**	**0**
Q Fever	0	0	0	0	2	**1**	**0**	**0**	**0**	**1**
Carriers of HIV Antibody (notified annually)	0	1	5	1	1					
HIV Prevelence (notified annually)	1	5	1	1	1					

* Mumps and Rubella became notifiable in Guernsey on 1.1.89

** Formal notified and informal notified cases have been combined

Chapter 7

Communicable Disease and Sexual Health

The origins of disease control

Man has been practising public health in the widest sense ever since he abandoned the hunter - gatherer existence and moved to a more settled life in established communities.

Public health began when such communities first started to separate their drinking water from their excretory waste. For example, in drawing water from the river, communities learnt to draw water from higher upstream, and to empty their waste lower down in order to avoid epidemics of communicable disease.

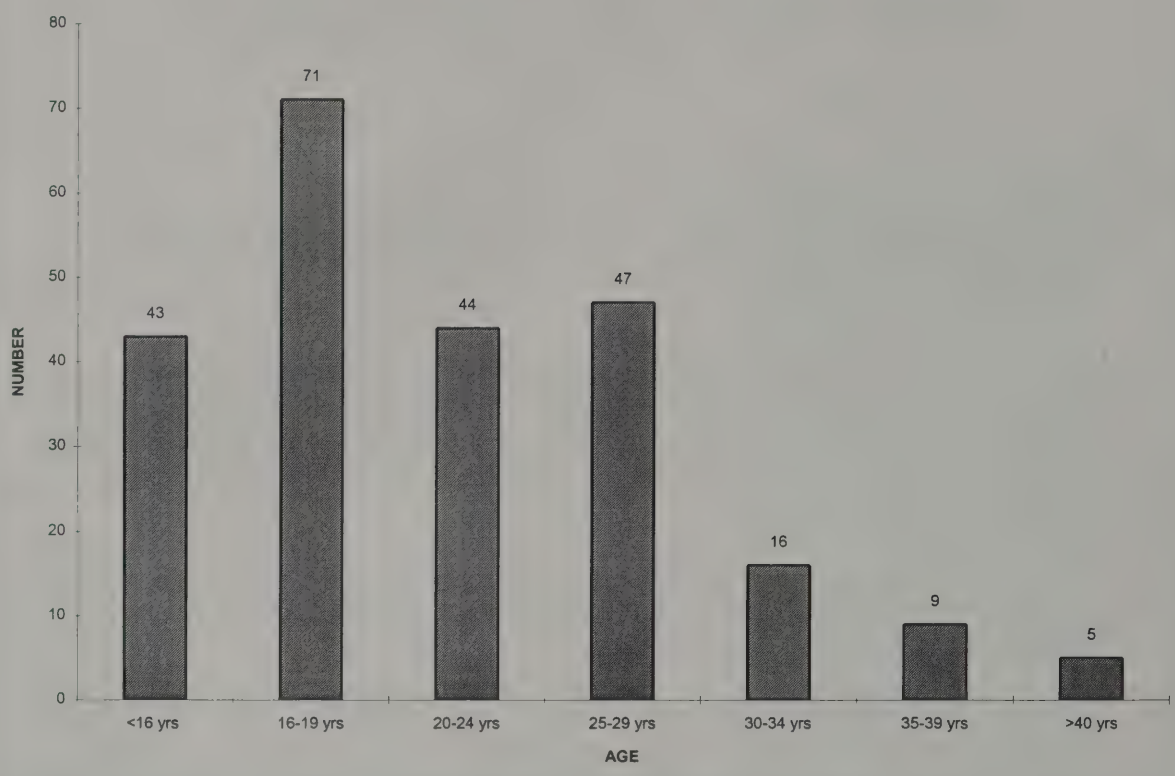
The biggest strides in public health are still achieved by the provision of safe water and safe disposal of waste. Sadly, this is not yet achieved in many parts of the third world.

Man shares the world not only with other animals and plants but with almost infinite numbers of bacteria, viruses and protozoa. These are tiny organisms some of which can be helpful, some of which live in harmony with man and some of which may be extremely hazardous. Provision of a safe water supply largely means water free of those organisms capable of causing disease in man. This provision of safe water produces more benefits to the population at a lesser cost than many more recent technological innovations. Proper sanitation protects the safety of the clean water supply.

The importance of immunisation

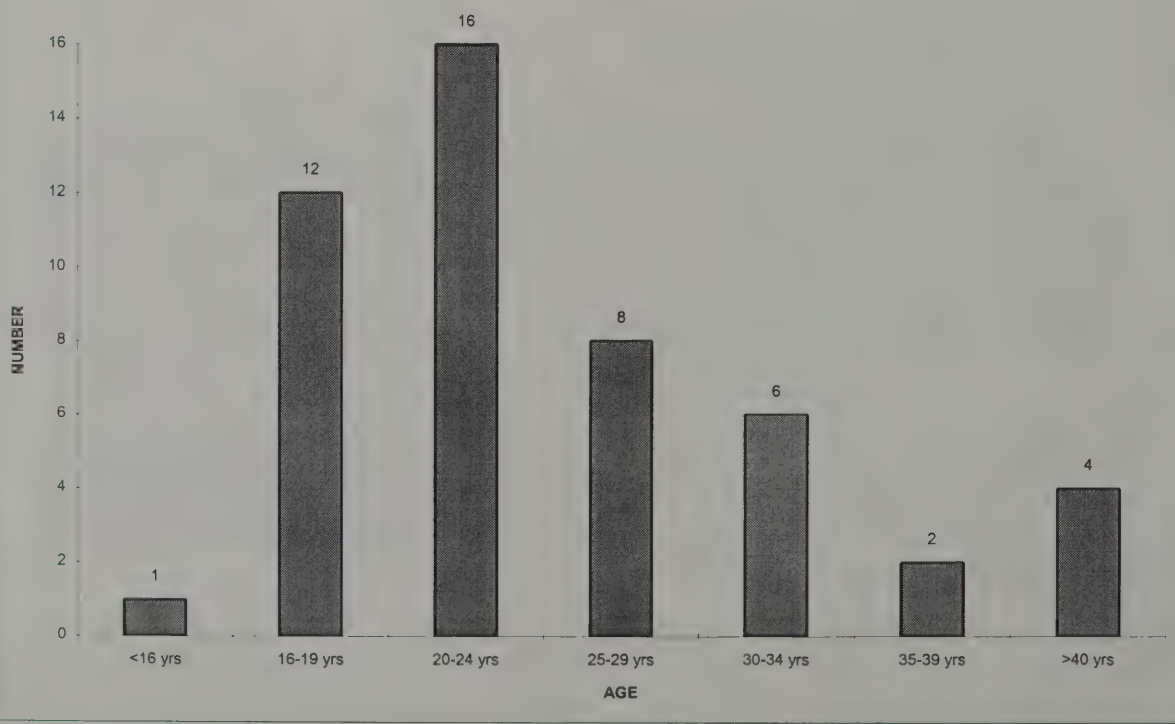
The second major contribution of public health has been that of the control of infection through immunisation. Immunisation has been, and remains extremely successful in controlling and even eradicating some illnesses. Immunisation against smallpox began with the chance observation that milkmaids who had suffered from cowpox hardly ever succumbed to smallpox. Cowpox was a relatively mild disease and people who were inoculated with cowpox appeared to be protected against the much more deadly smallpox. Immunisation has now become much more sophisticated and much safer. Smallpox no longer exists as an illness in the world, whilst polio has currently been eradicated in many countries. In Guernsey, we certainly rarely see cases of diphtheria, tetanus or measles, but periodic health scares about possible side effects of immunisation mean that immunisation level sufficient to protect against future outbreaks of such diseases are by no means assured.

Figure 7.1 - Guernsey Family Planning Clinic New Clients by Age - 1998 (N = 235)



Source: Guernsey Family Planning Clinic

Figure 7.2 - Guernsey Family Planning Clinic - Counsellor Referrals by Age - 1998 (N = 49)



Future plans

There are no grounds for complacency in infection control. The very success in providing safe water, good sanitation, and an improved living conditions has led to very real concerns of global overpopulation. Such population pressures make it much more difficult to ensure the continuing implementation of those measures which have so successfully led to increased expectancy. Additionally, our success in developing new measures against micro-organisms are matched by their success in mutating to resist these. This is true of both antibiotic treatment, and to a lesser extent with immunisation.

Lifestyles and expectations have changed considerably. It is now commonplace for people to travel widely and rapidly thus coming into contact with a much wider range of new and unfamiliar diseases in their travels. Many people in western countries also have a high expectation of good health, and are increasingly intolerant of minor disease. Paradoxically, there is now emerging evidence that many modern diseases have an allergic basis, which may actually be a consequence of a cleaner environment failing to provide immunlogical challenge.

Communicable Disease Notifications 1998

Notification of communicable diseases to the Department of Health during 1998 are summarised in table **7.1**. In terms of communicable disease control in Guernsey in 1998, there were few outstanding events, and indeed apart from food poisoning, notifications are amongst the lowest on record.

It has been a case of concentrating most of those measures which have brought the good health that most Guernsey residents now enjoy. Continuing to ensure safe water, safe and environmentally acceptable disposal of waste and sewage, and adequate levels of immunisation will continue assure these benefits.

Dr Brian Parkin
Deputy Medical Officer of Health

Guernsey Family Planning Service

The idea of a family planning service was first proposed in 1967 by Emma Ferbrache who saw a need for women to offer family planning advice from qualified female doctors and nursing staff. In those days there were very few qualified female doctors practising on the island.

By 1969 an application to the States of Guernsey supported by the Board of Health to open a family planning clinic was successful. In the March of that year the States of Guernsey granted £150 for the establishment of a Family Planning Clinic. In addition £250 was given to meet the running costs during the first year.

Figure 7.3 - Guernsey Abortion Law - Lawful Abortion by Age and Marital Status 1998 (N = 104)

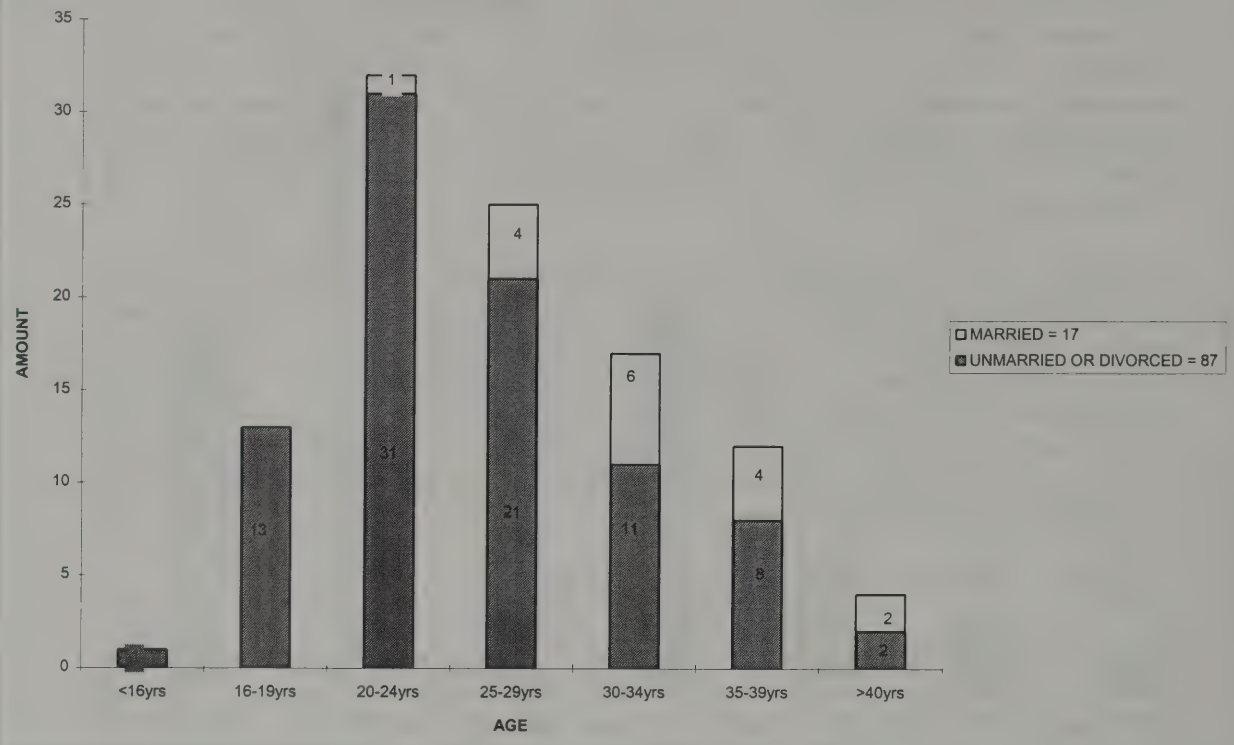
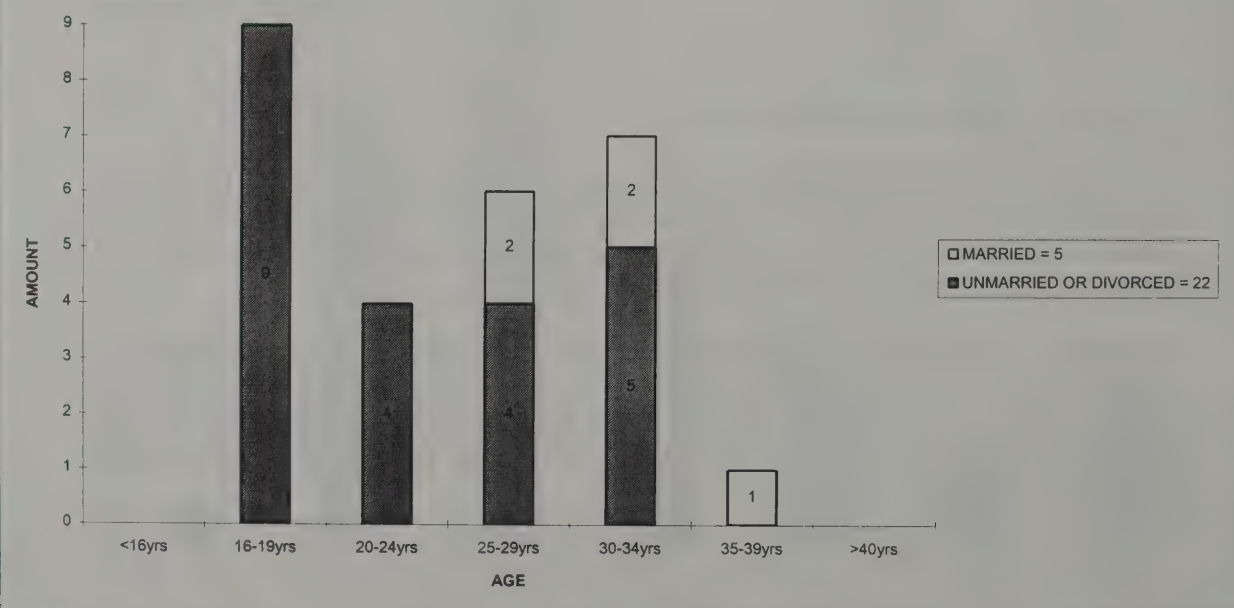


Figure 7.4 - Abortions performed on known Guernsey residents in England and Wales; by Age and Marital Status 1998 (N = 27)



Source: Office of National Statistics

The question of premises presented a problem in that Lukis House with its several inadequacies seemed to be the only place available. It was agreed to set up the clinic at Lukis House, initially once a month on the first Wednesday of the month at 7 pm as a temporary measure until a more suitable premise could be found. Nothing better has since been found some 30 years later.

Affiliation to the National Family Planning Association was obtained in the October of 1969.

Many family practitioners at the time were very much against the clinic as it was seen to break the continuity of family health care. One practitioner went as far as to refuse to see any patient of his who had been to the clinic - they were politely asked to find another doctor. The clinic was not allowed to see unmarried women or single mothers, but was restricted to married women with children.

Fortunately times have changed and we are now open to see anybody male or female, to give sexual advice and education. From one clinic a month, we now run three clinics a week - Monday, Wednesday and Friday. A total of 152 clinics were run in 1998. The number of clients seen was 1,081 of which 235 were new clients. This shows a 34% increase from 1997. It is gratifying that sexually active young persons seem increasingly prepared to attend the Family Planning Clinic for advance (Figure **7.1**).

In May 1996 the States approved the recommendations of the Board of Health (Billet d'État VIII - *Contraception, Unplanned Pregnancy and Abortion)* which included increased grant funding to the Guernsey Family Planning Service. The Board also supported the targeting of young people and the less well off.

Lukis House still proves to be unsuitable and with the increase in numbers the clinic is working under pressure at times to maintain a professional and confidential service. It would be wonderful for the year 2000 to have found suitable premises, to be able to provide a service accessible to all who require sexual health treatment and advice.

A counsellor was taken on in 1997 following the introduction of termination of pregnancy in 1996. Attendances are shown in figure **7.2**. Figures are down slightly from 1997. A total of 49 clients were seen - slightly down from 1997. This is proving a very valuable service but again like the family planning service, without a fixed room designated for counselling, it has been difficult for the counsellor to book appointments and find a room that is free to counsel her clients in.

In 10 years time it would be wonderful to think that sexual health was in the front-line of health and healthcare, rather than being regarded as 'not quite respectable' as is sadly sometimes still the case. Having overcome the problem of suitable premises, the service could be made more widely available, offering advice and education to all, and perhaps running a domicilary service?

Mrs Sue Le Page
Manager, Guernsey Family Planning Service

SEXUAL HEALTH CLINIC
SEXUALLY TRANSMITTED DISEASES
ANNUAL STATISTICS 1998

DISEASE	MALE	FEMALE	TOTAL 1998	TOTAL 1997
Gonorrhoea	1	1	**2**	3
Syphilis	3	4	**7**	6
NSU/Chlamydia	39	15	**54**	71
Herpes Genitalis	14	17	**31**	32
Candida Infection	25	26	**51**	27
Hepatitis B	1	0	**1**	0
Hepatitis C	0	0	**0**	2
Human Papilloma Virus	45	19	**64**	70
Pubic Lice/Scabies	4	0	**4**	4
Bacterial Vaginalis	0	17	**17**	9
Trichomonas Vaginalis	0	0	**0**	0
Cervical Smears	n/a	26	**26**	31
Counselling	120	112	**232**	130
HIV Blood Testing	97	41	**138**	115
STD Screening	115	99	**214**	166
Emergency Contraception	0	2	**2**	0
Vulval Biopsy	0	1	**1**	0
PID	0	2	**2**	0
Pregnancy Testing	0	4	**4**	0
Hepatitis B Vaccination	1	1	**2**	0
Totals:				
New Patients	208	138	**346**	303
Attendances	540	436	**976**	938
New HIV Diagnosis	2	0	**2**	0
HIV Monitoring and Treatment Attendances			**89**	
HIV Aids Patients currently under review	9	1	**10**	8
Death - Aids	1	0	**1**	0
Extra patients seen outside the clinic			**123**	
Total number of attendances			**1,188**	

Abortion (Guernsey) Law 1997

It is a requirement of the Abortion (Guernsey) Law 1997 that all lawful abortions performed in Guernsey be notified to the Medical Officer of Health. As shown in figure **7.3**, there were 104 lawful abortions performed 'on island' in 1998. There were a further 27 lawful abortions performed on women declaring their usual residence as being Guernsey and Alderney performed that year in England and Wales (as shown in Figure **7.4**) - making a total of 131 abortions in all.

Abortions did not become lawful in Guernsey until March 1997. During 1997 as a whole, there were 57 lawful abortions performed in Guernsey and 69 performed in England and Wales, making a total of 128.

A rise in abortion rates which some critics predicted if termination of pregnancy was made lawful in Guernsey, therefore cannot as yet be demonstrated. The rate at 8.8 per 1,000 Guernsey women aged 14-49 years is still well below the equivalent English rate of 13.3 per 1,000 women aged 14-49 years.

Sexual Health Clinic

Treatment of sexually transmittable diseases in Guernsey previously failed to meet the UK National Standards regarding staffing, accommodation, equipment and resources. In early 1998, a detailed bid for the development of the Sexual and Reproductive Health Clinic was submitted to the Board of Health. As a consequence of this, and of the increased demand, the Clinic has relocated to separate premises at the Orchard Centre, Grande Rue, St Martin's. These premises are currently shared with Drug Concern.

The bid outlined proposals to improve and develop the service, whilst striving to achieve the objectives contained in the 1992 White Paper *'The Health of the Nation'*. These were reported in the Sexual Health Clinic report of 1997 as follows:

- To reduce the incidence of HIV infection
- To reduce the incidence of other sexually transmitted diseases
- To further develop and strengthen monitoring and surveillance of sexually transmitted disease
- To provide effective services for the diagnosis and treatment of HIV and other STDs
- To reduce the number of unwanted pregnancies
- To ensure the provision of effective family planning services for those who want them

The move to dedicated premises at the Orchard Centre in July 1999 has led to a continuing increase in demand. This in turn has led to a need to substantially increase the number of clinic sessions. However, the need to adequately fund these sessions and the necessary increase in personnel has meant that the future of this service now needs to be addressed. Adequate investment in personnel, training and information technology, and guaranteed operational funding are necessary if the minimum standards in Genitourinary Medicine are to be achieved and maintained.

Trends in Sexually Transmitted Diseases 1998

There has been a remarkable and continued increase in the number of cases of syphilis during 1998. This reflects a changing pattern of disease in Guernsey. In the UK similar figures have only been seen in two well defined outbreaks in large city areas. Failure to address this and indeed failure to adequately resource contact tracing and surveillance of other STDs will result in a costly legacy of ill health, the risk of congenital disease and an increasing incidence of tubal infertility.

Such financial costs do not reflect the huge emotional costs to the individuals and their families as a consequence of such diagnosis. Adequate investment now will result in greater benefits in the future.

There was one death from AIDS which reinforces the fact that there is currently still no cure. Not all patients with HIV disease will respond to high active antiretroviral therapy, and deaths from AIDS will still occur.

Two new cases of HIV disease were also seen which again highlights that Guernsey is not immune to this global problem. It is at present estimated there are some forty million cases of HIV world-wide and the majority of these are the result of heterosexual and vertical (mother to infant) transmission.

Chapter 8

OCCUPATIONAL HEALTH

He shortens his life and he hastens his death
Tally hi-o, the grinder
Will drink steel dust in every breath ....
Won't use a fan as he turns his wheel
Won't wash his hands ere he eats his meal
But dies as he lives as hard as steel
Where rests the heavier weight of shame?
On the famine-price contractor's head
Or the workman's undertaught and fed
Who grinds his own bones and his child's for bread?

(Anon)

• Nature and Practice of Occupational Health

From its early beginnings in the 19th Century, occupational health nursing practice has been grounded in the concepts and principles of public health practice, focusing on prevention, health education, and the control and elimination of health hazards in the workplace and community.

Since then the practice of occupational health nursing has changed substantially. Although the basic philosophy of occupational health nursing has not changed, contemporary occupational health nursing philosophy incorporates increased emphasis on health promotion, research based practice, interdisciplinary collaboration, improved quality of life in general and work life in particular, and policy and procedure development. The occupational health nurse performs in many roles including clinical nurse specialist, advisor, manager, educator, and researcher. Within the scope of these roles, the nurse performs as an employee advocate and as a liaison with management to influence the concept of health within the workplace.

The earliest recorded example of occupational health was around 1600 when a medical attendant was provided for the miners of Tintern in Wales. It was however an Englishman, Charles Turner Thackrah who established the concept of occupational medicine in 1830. Since then through various health and safety regulations new developments have shifted the focus and shaped the practice of occupational health.

Occupational health has become a rapidly expanding area of preventative health care concerned with the two way relationship of the effect of work on health and of health on work. It is as much related to the effects of the working environment on the health of the worker as it is to the influence of the worker's state of health on his/her ability to perform the tasks for which he/she was employed. Occupational Health Nursing practice can therefore help to reduce or avoid work related sickness absence epidemiological.

- **Historical Perspective to Occupational Health in Guernsey.**

January 1999 saw the third anniversary of the Board of Health's Occupational Health Service. In the past three years there has been a significant growth and development of the Occupational Health service and this report provides an opportunity to review and promote the progress, achievements and the future plans for the service.

In 1990, an external consultant was invited by the then Chief Executive Officer to report to the following terms of reference

'To provide the Board of Health with a report based on a feasibility study into the establishment of an Occupational Health Service for the Department of Health which could in time be extended to all States departments'.

The subsequent Report (M Holdsworth 1991) demonstrated that around 10,500 working days had been lost through absenteeism during 1990 amongst Board of health staff. Allowing for normal holidays, training and public holiday absences, this was equivalent to 46 full time staff or approaching 4% of the then Board of Health work force.

There were additionally 93 work related accidents reported during 1990.

Although there was no formal evaluation of total costs incurred, they were felt to be considerable.

It was further pointed out:

'National Health Trusts and Hospitals which have implemented effective Occupational Health Services have been able to demonstrate a halving of absenteeism rates over a two year period, with consequent ability to provide additional staffing within existing resource constraints. Because of the 'manpower cap', such benefits would be even more valuable in the Guernsey context'.

There is an increasing trend towards litigation in perceived work related illness and injuries. Staff in Guernsey are not immune to this. Failing to take adequate measures to provide a safe work place and conditions of work could tell heavily against the Board of Health in any work related legal judgement.

It is an 'essential' requirement for the Board of Health' desired Kings Fund Accreditation that *'the Hospital/Trust ensures a safe and healthy environment for the staff by ensuring that staff have access to a confidential Occupational Health Service'.*

These matters were considered by the Board of Health in June 1995, when the Board agreed to establish an Occupational Health Service in order to;

- Support the recommendations of the original 1991 report.
- Give the potential for investigating and reducing sickness absence, thus effectively creating 'more staff' under the 'manpower cap'.

- Implement risk assessment and risk management procedures, and reduce risks of adverse medico-legal outcomes.
- Improve morale amongst Health Service staff.
- Provide the possibility for extension to other States Departments and private industry with consequent possible income generation.

- **Progress in Occupational Health**

The staffing of the department.

The Occupational Health Nurse, Mrs Pam Smith was appointed in November 1995 and commenced her post on 1st January 1996. She has, in 1999, upgraded her Occupational Health Nurse Practice award to a Post Graduate Diploma in Occupational Health Nursing through distance learning and course work at the Robens Centre for Occupational Health and Safety at the University of Surrey.

A part time Clinical Medical Officer, Dr Ian Gee has offered 2 sessions per week since March 1996. He has extensive previous experience in occupational health as a serving Medical Officer in the Royal Air Force, and is currently considering studying for the Diploma in Occupational Medicine.

A part time secretary, Mrs Jackie Mallett was appointed on a temporary basis in August 1997 and the position confirmed as part time permanent in August 1998.

The Services provided by the Occupational Health Department include:

- Pre employment screening
- On going health surveillance of staff, as required by the Health and Safety at Work regulations
- Work related vaccinations and immunisations
- Rehabilitation and re deployment advice and support
- Monitoring and advice regarding sickness absence
- Advising on work related sickness absence
- Advising on work related illness and accident investigations

- Risk assessments on:
  - Health and Safety
  - Manual Handling
  - Control of Substances Hazardous to Health (COSHH)

- Work with Health and Safety representatives, Infection Control staff, Environmental Health Officers.

- Work with other agencies, e.g. Health Promotion Unit and Health and Safety Executive.

- **Achievements:**

In the three years since its formation, the Occupational Health Service has;

- Produced an overall operational policy, separate policies on pre employment assessments, sharps injuries, immunisations for health care staff and exposure prone procedures, exposure to respiratory sensitisors and irritants .

- Developed accepted protocols for management of staff health in relation to gluteraldehyde and other respiratory sensitisors, asbestos exposure, MRSA carriage and latex allergy.

- Met all Grade A criteria in the Kings Fund Organisational Audit (1997) with a special commendation for the documented policies

- Redesigned procedures for pre -employment screening.

- Rationalised the need for pre employment medical examinations.

- Designed and occupied a new Occupational Health suite, located on the first floor at the Princess Elizabeth Hospital.

- Installed a specific occupational health software (OPAS) suitable for staff health monitoring recall and documentation.

- Achieved high levels of immunisation rates (estimated at >99%) amongst 'high risk' Board of Health staff.

- Extended Occupational Health Services to other BoH sites, including the Mignot Memorial Hospital, Alderney.

- Worked with staff from personnel and nursing administration to standardise, monitor and report on sickness absence levels.

- Achieved progress in reducing avoidable sickness absence.

Monitoring Sickness Absence

The Occupational Health Service was initially established with a commitment to review its progress after three years, and with a target of reduced sickness absence to achieve. There has been considerable progress towards this;

A calculation of 10,500 lost working days was made during the initial review in 1990.

More recently in 1994/95, the previous Chief Nursing Advisor estimated that sickness absence amongst nursing staff varied between 10 -14 %.

The Occupational Health Service has therefore been working with Nursing Administration and the Personnel departments over the past 18 months, and have now achieved a satisfactory degree of standardisation amongst the various units.

More importantly, 3 month rolling averages of sickness absence are now produced for all major Board of Health locations, and confirm that sickness absence has declined from the estimated 10 - 14% in 1994/95, to some 3 - 5% in most locations today.

It is hoped that having agreed on what is worthwhile to report regarding staff sickness absence, this will become standard feature of the computerised Personnel Information System which is due to go live later in 1999.

- **Short term plans 1999 - 2001**

During the next three years the Occupational Health Service intends to

- Maintain high levels of immunisations against work related transmissible diseases amongst staff carrying out exposure prone procedures.

- Update all Occupational Health polices as required

- Continue to monitor sickness absence by unit and department, liaise with line managers to target identified problems, and continue to work with the personnel department to achieve regular automated reporting of sickness absence levels.

- Adopt a more pro- active approach to *'Health at Work'* amongst Board of Health staff.

- Continue to work with the Civil Service Board and other States Committees to promote a healthier work force more generally by advising that best practice occupational health amongst other States Committees is carried out.

- **Longer term plans- 2002 - 2009**

  - Develop consultancy and advisory service for the private sector if policy and resource constraints allow.

  - Develop occupational health practice into the wider community in partnership with family practitioners and practice nurses.

Pam Smith
Occupational Health Nurse

Chapter 9

Guernsey and Alderney - Vital Statistics

- Births and Birth Related Data
- Deaths and Death Related Data
- Guernsey deaths by ICD-10 Codes and Age Groups 1998
- Alderney Vital Statistics

9.1 Guernsey - Vital Statistics 1998

• Births and Birth Related Data

	Guernsey 1998	Guernsey 5 Year Mean 1989-1993	England & Wales 1996*
Estimated Mid Year	59,050	58,867	51,820,200
Resident Population:			
• Males	28,434	28,297	25,453,100
• Females	30,616	30,570	26,387,100
• M : F	0.93	0.925	0.96
Population Density [Area 63.1Km²]:	934	933	51.8
Marriages:	366	401	291,000
• Marriages/000	6.19	6.81	5.6
Divorces:	143	173	155,500
• Divorces/000	2.42	2.93	3.0
Divorces : Marriages	0.39	0.43	0.53
Births:	678	725.6	653,024
• Males	374	370.8	335,298
• Females	304	354.8	317,726
• M : F	1.23	1.045	1.055
Births outside marriage:	201	148.2	234,088
• % All Births	29.6%	20.4%	35.8%
Stillbirths:	7	4	3,539
• Rate/**000 Live Births**	10.3	5.5	5.4
Early Neonatal deaths:	2.0	Not separately	3.0
Late Neonatal deaths:	0	calculated	0.9
Infant Deaths:	2	4.2	3,989
• Infant Death Rate/000	3.0	5.7	6.1
Crude Birth Rate/000	11.5	12.3	12.5
Natural Fertility Rate:	53.5	53.3	60.5
Natural Increase per annum:	+0.18%	0.20%	0.16%

***Figures for England and Wales are for 1996, or if not, from the most recent published data.**

9.2 Guernsey - Vital Statistics 1998

• Deaths and Death Related Data

	Guernsey 1998	Guernsey 5 Year Mean 1989-1993	England & Wales 1996
Total Deaths:	547	591	563,007
• Males	270	294	269,828
• Females	277	297	293,182
• M : F	0.98	0.99	0.92
Crude Death Rate:/100	9.3	10.0	10.9
Circulatory Deaths (I00-I99):			
• Males	457	417	424
- Rate/00,000			
• Females	343	402	424
- Rate/00,000			
Cancer Deaths (C00-C97/D00-D48):			
• Males	215	332	282
- Rate/00,000			
• Females	219	255	251
- Rate/00,000			
Lung Cancer Deaths (C34):			
• Males	60.0	101.7	80.2
- Rate/00,000			
• Females	29.4	45.1	42.0
- Rate/00,000			
Breast Cancer Deaths (C50):			
• Females	35.9	41.14	47.4
- Rate/00,000			
Alcoholic Liver Disease (K70):			
• Males	7.0	12.7	8.5
- Rate/00,000			
• Females	3.3	8.4	5.5
- Rate/00,000			
Injury Deaths (S00-X59):			
• Males	3.5	14.1	27.7
- Rate/00,000			
• Females	3.3	9.2	17.6
- Rate/00,000			
Suicide Deaths (X60-X84):			
• Males	7.0	9.9	11.0
- Rate/00,000			
• Females	6.6	4.6	3.0
- Rate/00,000			

It should be noted that for most single year data in Guernsey, numbers are extremely small, and should not generally be interpreted to suggest a trend.

9.3 GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 1998

ICD10 Code No	Cause of Death	Total		Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Group I Infectious and Parastitic Diseases																
A40	Streptococcal Septicaemia	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
A41	Other Septicaemia	0	5	0	0	0	0	0	0	0	0	0	0	0	1	0	4
B23	Human Immunodeficiency virus (HIV) disease resulting in other conditions	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	Total Group I	1	6	0	0	0	0	0	0	1	0	0	0	0	1	0	5
	Group II Neoplasms																
C02	Malignant neoplasm of other and unspecified parts	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
C15	Malignant neoplasm of oesophagus	2	2	0	0	0	0	0	0	0	0	1	0	1	0	0	2
C16	Malignant neoplasm of stomach	5	2	0	0	0	0	0	0	0	0	3	1	0	0	2	1
C17	Malignant neoplasm of small intestine	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
C18	Malignant neoplasm of colon	5	7	0	0	0	0	0	0	0	0	1	2	1	1	3	4
C19	Malignant neoplasm of rectosigmoid junction	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1
C20	Carcinoma of the rectum	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
C22	Malignant neoplasm of liver and intrahepatic bile duct	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	1
C23	Malignant neoplasm of gall bladder	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
C24	Malignant neoplasm of other and unspecified parts of biliary tract	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
C25	Malignant neoplasm of pancreas	3	5	0	0	0	0	0	0	0	0	2	0	1	1	0	4
C26	Malignant neoplasm of other & ill-defined digestive	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
C32	Malignant neoplasm of larynx	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
C34	Malignant neoplasm of bronchus and lung	17	9	0	0	0	0	0	0	0	0	3	4	5	2	9	3
	c/f	37	33	0	0	0	0	0	0	0	0	12	8	8	5	17	20

9.3 GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 1998

ICD10 Code No	Cause of Death	Total		Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	b/f	37	33	0	0	0	0	0	0	0	0	12	8	8	5	17	20
C38	Malignant neoplasm of heart,mediastinum and pleura	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
C43	Malignant melanoma of skin	1	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0
C45	Mesothelioma	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
C50	Malignant neoplasm of breast	0	11	0	0	0	0	0	0	0	1	0	1	0	2	0	7
C53	Malignant neoplasm of cervix uteri	0	2	0	0	0	0	0	0	0	1	0	0	0	1	0	0
C55	Carcinoma of uterus	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	1
C56	Carcinoma of the ovary	0	5	0	0	0	0	0	0	0	0	0	3	0	0	0	2
C61	Carcinoma of the prostrate	6	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0
C64	Malignant neoplasm of kidney	1	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0
C65	Malignant neoplasm of renal pelvis	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
C67	Malignant neoplasm of bladder	2	1	0	0	0	0	0	0	0	0	1	0	0	0	1	1
C71	Malignant neoplasm of brain	3	1	0	0	0	0	0	0	0	0	2	0	1	0	0	1
C76	Malignant neoplasm of other & ill-defined sites	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
C79	Secondary malignant neoplasm of other sites	8	2	0	0	0	0	0	0	0	0	2	0	1	2	5	0
C80	Malignant neoplasm without specification of site	0	2	0	0	0	0	0	0	0	1	0	0	0	1	0	0
C84	Peripheral and cutaneous T-cell lymphomas	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0
C85	Other & unspecified types of non-Hodgkin's lymphoma	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
C92	Myeloid leukaemia	0	2	0	0	0	0	0	0	0	0	0	0	0	2	0	0
	Totals Group II	61	67	0	0	0	0	0	0	0	5	20	13	11	14	30	35
	Group III Diseases of blood & blood-forming organs & certain disorders involving the immune mechanism																
D46	Myelodysplastic syndromes	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
	Totals Group III	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0

9.3 GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 1998

ICD10 Code No	Cause of Death	Total		Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Group IV Endocrine, nutritional & metabolic diseases																
E41	Nutritional Marasmus	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Totals Group IV	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Group VI Diseases of the nervous system																
G20	Parkinsons disease	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
G30	Alzheimer's disease	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
G31	Other degenerative diseases of nervous system, nec	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
G81	Hemiplegia	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
	Totals Group VI	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2
	Group IX Diseases of the circulatory system																
I10	Essential (primary) hypertension	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
I21	Acute myocardial infarction	37	23	0	0	0	0	0	0	1	0	6	2	11	4	19	17
I24	Other acute ischaemic heart diseases	6	0	0	0	0	0	0	0	0	0	4	0	2	0	0	0
I25	Chronic ischaemic heart disease	13	9	0	0	0	0	0	0	1	0	3	1	1	2	8	6
I26	Pulmonary embolism	2	4	0	0	0	0	0	0	0	1	0	0	1	1	1	2
I31	Other diseases of pericardium	2	1	0	0	0	0	0	0	0	0	0	0	0	1	2	0
I42	Cardiomyopathy	5	3	0	0	0	0	0	0	1	1	1	0	3	1	0	1
I46	Cardiac arrest	3	1	0	0	0	0	0	0	0	0	0	0	0	0	3	1
	c/f	69	41	0	0	0	0	0	0	3	2	15	3	18	9	33	27

GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 1998

ICD10 Code No	Cause of Death	Total		Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	b/f	69	41	0	0	0	0	0	0	3	2	15	3	18	9	33	27
I48	Atrial fibrillation and flutter	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
I49	Other cardiac arrhythmias	0	2	0	0	0	0	0	0	0	0	0	0	0	2	0	0
I50	Heart failure	24	17	0	0	0	0	0	0	0	0	5	0	4	1	15	16
I61	Intracerebral haemorrhage	2	6	0	0	0	0	0	0	0	0	1	2	0	1	1	3
I63	Cerebral infarction	3	3	0	0	0	0	0	0	0	0	1	1	1	0	1	2
I64	Stroke (or cerebrovascular accident)	11	27	0	0	0	0	0	0	0	0	1	0	2	4	8	23
I67	Other cerebrovascular diseases	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2
I70	Atherosclerosis	8	2	0	0	0	0	0	0	0	0	1	0	3	0	4	2
I71	Aortic aneurysm and dissection	10	1	0	0	0	0	0	0	0	0	0	0	4	0	6	1
I73	Other peripheral vascular diseases	0	3	0	0	0	0	0	0	0	0	0	0	0	1	0	2
I82	Other venous embolism and thrombosis	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
	Totals Group IX	130	105	0	0	0	0	0	0	3	2	24	6	32	18	71	79
	Group X Diseases of the respiratory system																
J13	Pneumonia due to streptococcus pneumoniae	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0
J16	Pneumonia due to other infectious organisms, nec.	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
J18	Pneumonia	28	31	0	0	0	0	1	0	0	0	1	1	6	2	20	28
J42	Chronic bronchitis	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
J43	Emphysema	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
J44	Other chronic obstructive pulmonary disease	11	10	0	0	0	0	0	0	0	0	0	0	5	6	6	4
J84	Other interstitial pulmonary diseases	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2
J96	Respiratory failure, nec.	4	1	0	0	0	0	0	0	0	0	2	0	1	1	1	0
	Totals Group X	47	46	0	0	0	0	1	0	0	1	3	2	13	9	30	34

9.3 GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 1998

ICD10 Code No	Cause of Death	Total		Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Group XI Diseases of the digestive system																
K55	Vascular disorders of intestine	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1
K56	Paralytic ileus & intestinal obstruction without hernia	0	3	0	0	0	0	0	0	0	0	0	1	0	0	0	2
K57	Diverticular disease of intestine	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
K63	Other diseases of intestine	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
K65	Peritonitis	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
K70	Alcoholic liver disease	2	1	0	0	0	0	0	0	0	1	2	0	0	0	0	0
K72	Hepatic failure, nec.	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
K74	Fibrosis and cirrhosis of liver	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
K81	Cholecystitis	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
	Totals Group XI	6	11	0	0	0	0	0	0	1	1	2	1	1	0	2	9
	Group XIII Diseases of the musculoskeletal system & connective tissue																
M06	Other rheumatoid arthritis	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Totals Group XIII	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Group XIV Diseases of the genitourinary system																
N17	Acute renal failure	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
N18	Chronic renal failure	3	2	0	0	0	0	0	0	0	0	0	0	2	0	1	2
N19	Unspecified renal failure	2	3	0	0	0	0	0	0	0	0	0	0	0	0	2	3
	Totals Group XIV	6	5	0	0	0	0	0	0	0	0	0	0	3	0	3	5

GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 1998

ICD10 Code No	Cause of Death	Total		Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Group XVI Certain conditions originating in the perinatal period																
P28	Other respiratory conditions originating in the perinatal period	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
P95	Still-born	4	3	4	3	0	0	0	0	0	0	0	0	0	0	0	0
	Totals Group XVI	4	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0
	Group XVII Congenital abnormalities, deformations and chromosomal abnormalities																
Q23	Congenital malformations of aortic and mitral valves	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Q91	Edward's syndrome and Patau's syndrome	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
	Total Groups XVII	1	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0
	Group XVIII Symptoms, signs & abnormal clinical & laboratory finding, not elsewhere classified																
R02	Gangrene, nec.	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
R09	Other symptoms and signs involving the circulatory and respiratory systems	1	4	0	0	0	0	0	0	0	0	0	1	0	0	1	3
R54	Old age (senility)	1	18	0	0	0	0	0	0	0	0	0	0	0	0	1	18
R58	Haemorrhage, nec.	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
	Total Groups XVIII	3	24	0	0	0	0	0	0	0	0	0	1	0	0	3	23

9.3 GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 1998

ICD10 Code No	Cause of Death	Total		Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Group XIX Injury, poisoning & certain other consequences of external causes																
T71	Asphyxiation	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Total Groups XIX	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Group XX External causes, morbidity & mortality																
V29	Motorcycle rider injured in other and unspecified transport accidents	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
W19	Unspecified fall	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
W69	Drowning and submersion while in natural water	2	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0
W70	Drowning and submersion following fall into natural water	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
W76	Other accidental hanging and strangulation	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
X44	Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0
X70	Intentional self-harm by hanging, strangulation and suffocation	2	2	0	0	0	0	1	0	1	1	0	0	0	1	0	0
	Totals Group XX	7	4	0	0	1	0	1	1	3	1	2	0	0	1	0	1
	Total Deaths:	**270**	**277**	**4**	**5**	**1**	**0**	**3**	**1**	**9**	**10**	**51**	**23**	**60**	**43**	**143**	**194**

9.4 Alderney Vital Statistics

	Males	Females	Total 1998	Total 1997
Population (1996 Census):	1024	1117	**2141**	2141
• **M : F**			**0.92**	0.92
Births - In Guernsey:	8	5	**13**	20
Births - In Alderney:	1	0	**1**	1
Total Births to Alderney Residents:	9	5	**14**	21
Births outside Marriage:			**3**	6
Crude Birth Rate/000			**6.51**	9.8
Marriages Registered in Alderney:			**9**	9
Deaths Registered in Alderney:	12	17	**29**	27
Crude Death Rate/000			**13.6**	12.6
Natural Increase:*			**-15 [-0.7%]**	**-6 [-0.3%]**

*The natural increase is the difference between the crude birth rate and the death rates expressed as a percentage of the resident population.

10.1 Medical Officers of Health

Guernsey 1899 - 1999

1899-1900	Dr John Brownlea
1900-1902	Dr E Stanley Hoare
1903-1935	Dr Henry Draper Bishop
1936-1956	Dr Rowan Revell
1957-1960	Dr F Lynch
1961-1967	Dr A Thomas
1968-1981	Dr Geoffrey White
1982-1990	Dr Peter Lawrence
1994-	Dr David Jeffs

10.0 Staff Providing Public Health Services 1998

Public Health

Director of Public Health/Medical Officer of Health
Dr David Jeffs

Dr David Jeffs worked in community paediatrics and public health for 18 years in various parts of Australia, before being appointed Director of Public Health in Guernsey in 1994. He has a particular interest in local research as a basis for better developing and implementing local health policy.

Deputy Medical Officer of Health
Dr Brian Parkin

Dr Brian Parkin had a special interest in infectious disease control before opting for a career in family practice in Guernsey in 1988. He has been deputy Medical Officer of Health for eleven years. He is married to another local doctor and they have four children.

Personal Assistant
Mrs Yvonne Kaill

Before coming to Guernsey three years ago Mrs Yvonne Kaill lived in the UK but is now married to a local and has two sons and one step son. She has been PA to the Directors of Public Health since October 1997. She is interested in travelling to unspoilt destinations, fitness and cooking.

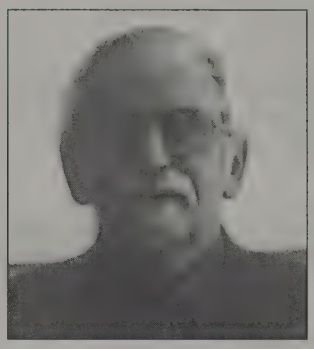
Public Health Data Officer
Mrs Jenny Elliott

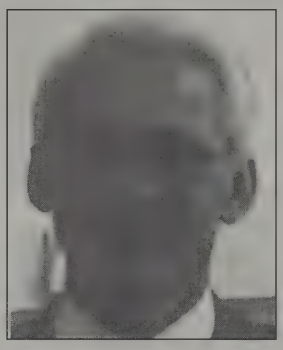
Mrs Jenny Elliott, married with two children, has an interest in sport, including running and race walking. She has been the public health data officer since September 1997.

Environmental Health

Chief Environmental Health Officer
Dr Michael Bairds

Mr Mike Bairds qualified in Liverpool and then worked for 18 months with Gloucester City Council, before moving to Guernsey in 1966. He has been Chief Environmental Health Officer since 1979.





Deputy Chief Environmental Health Officer
Mr John Cook

Having qualified in 1969, John Cook worked in Shropshire for 10 years, ultimately as Senior EHO for South Shropshire District Council. He moved to Guernsey in 1979 and was promoted to Deputy Chief EHO in 1986.

Environmental Health Officer
Mr Stan Horton

Qualified as an EHO in 1969 whilst working for the County Borough of Barnsley. He was then employed as a Senior EHO for East Hertfordshire District Council prior to moving to Guernsey in 1979.

Environmental Health Officer
Mr Tony Rowe

Tony Rowe qualified as an EHO in 1973 whilst working for the London Borough of Lewisham. He was subsequently employed at Maidstone in Kent before moving to Guernsey in 1979.

Environmental Health Officer
Mr Stuart Wiltshire

He qualified in Birmingham in 1969 and moved to Guernsey in 1971. Other than 7 months with Ilkeston Borough Council in 1973, he has been with the Department ever since.

Environmental Health Officer
Mr Jonathan Coyde

Jonathan Coyde qualified as an EHO from Salford University in 1995. He has been employed by the States of Guernsey since 1996.

Pest Control Operative
Mr Paul Tostevin

He joined the department as Pest Control Operative in February 1993.

Pest Control Operative
Mr Michael Brache

He was appointed a Pest Control Operative in April 1997.

Secretary
Mrs Marilyn Bougourd

She was appointed as Clerk/ Receptionist in 1994.

Health Promotion Unit:

Health Promotion Officer
Miss Yvonne Le Page

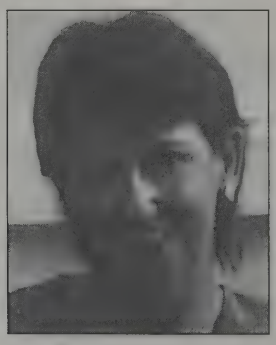
Yvonne originally trained as a primary teacher in 1984 and joined the Health Promotion Unit in 1988. She completed her Diploma in Health Education and Health Promotion at Leeds Polytechnic in July 1990, and became manager of the Unit in 1991 She has seen the Unit grow to four staff.

Assistant Health Promotion Officer
Mrs Gerry Grange

Gerry trained as a State Registered Nurse in 1967 before moving to Guernsey in 1980. She trained as a Look After Yourself tutor in 1989. In 1990 she joined the Health Promotion Unit as the Assistant Health Promotion Officer. Her areas of work include tobacco control, exercise, healthy eating, cancer awareness and stress management.

Resources Officer
Mrs Pat Prevel

Pat left school in 1977. When she started a family she had several part time clerical posts before joining St Sampsons Secondary School as school secretary and librarian in 1990. Her interest in running the school library grew and so in 1995 she joined the Health Promotion Unit as Resources Officer. Her work involves creating resource materials such as handouts and displays and running the resources library.

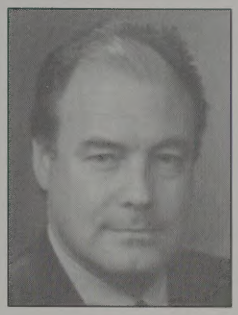


Secretary
Mrs Pam Marsh

Pam trained as a secretary in 1973 and initially worked in a local bank before becoming a dental receptionist and nurse in 1979. She joined the Board of Health in 1992 and became the secretary at the Health Promotion Unit in March 1998.

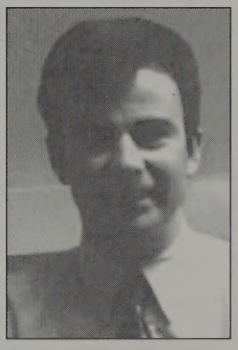
Sexual Health

Dr Nicholas King



Dr Nicholas King has been working in Guernsey since 1984, and in genitourinary medicine since 1986. He has gained the Diploma in this.

Occupational Health



Clinical Medical Officer
Dr Ian Gee

Dr Ian Gee served for 8 years in the RAF, retiring with the rank of Squadron Leader. He entered family practice in Guernsey in 1995. Married, he retains his interest in aviation medicine and has special interests in the health applications of computing.

Occupational Health Nurse
Mrs Pam Smith

Mrs. Pam Smith has been a qualified nurse since 1978. Her career in Occupational Health nursing commenced in 1986 whilst working for the Ministry of Defence. Pam returned to Guernsey, with her husband, to take up the post of the Occupational Health Nurse for the Board of Health in 1996.

Secretary
Mrs Jackie Mallett

Mrs. Jackie Mallett joined the Occupational Health Service in 1997. Prior to this Jackie spent several years working within Education as a School Administration Assistant. Jackie is married with 2 teenage children.